HB 851 D811s 1914

01610155R

NLM 05010849 9

NATIONAL LIBRARY OF MEDICINE

42-1-6

SURGEON GENERAL'S OFFICE

LIBRARY.

Section

No. 219931

No. 113,
W. D. S. G. O.

3—513

DUE TWO WEEKS FROM LAST DATE

NOV 29 1967

THE SMALL FAMILY SYSTEM

THE
SMALL FAMILY SYSTEM
IS IT INJURIOUS OR IMMORAL?

By
C. V. DRYSDALE
D.Sc. (Lond.)

With thirteen diagrams of population movements, etc., at home and abroad, and Prefatory Note by
Dr. Binnie Dunlop

2 / 9931

NEW YORK
B. W. HUEBSCH
1914

Annex
HB
531
D811c
1914

CONTENTS

		PAGE
PREFATORY NOTE	By Binnie Dunlop, M.B., Ch.B.	6
INTRODUCTION		7
CHAPTER I.	Opinions of Medical Authorities	12
CHAPTER II.	Opinions of Clerical Authorities	34
CHAPTER III.	Conduct of Authorities	46
CHAPTER IV.	The Public Health: Birth, Death, and Infantile Mortality Tables, England, Germany, France, Holland, Australia, and New Zealand; Summary	51
CHAPTER V.	Do Preventive Methods Cause Cancer?	72
CHAPTER VI.	Morality; Crime; Alcoholism; Pauperism; Sex Morality; Divorce; Illegitimacy; Disease	83
CHAPTER VII.	General Conclusions	103
CHAPTER VIII.	Family Limitation and Social Reform	106
CHAPTER IX.	The Judgment of the Hungarian Medical Senate	115

LIST OF DIAGRAMS

		PAGE
FIG. 1.	Variations in Birth Rate, Death Rate, and Infantile Mortality in England and Wales	52
FIG. 2.	German Empire: Growth of Population, Birth and Death Rates	56
FIG. 3.	France: Birth and Death Rates	58
FIG. 4.	The Netherlands: Birth, Death, and Infantile Mortality Rates	60
FIG. 5.	Australia: Birth, Death, and Infantile Mortality Rates	63
FIG. 6.	New Zealand: Birth, Death, and Infantile Mortality Rates	65
FIG. 7.	Canada: Birth, Death, and Infantile Mortality Rates	69
FIG. 8.	Cancer in England and Wales: Corrected Death Rates at all ages, 1861-1910	75
FIG. 9.	Variation of Cancer in Persons at Different Ages—Men	77
FIG. 10.	Variation of Cancer in Persons at Different Ages—Women	77
FIG. 11.	Cancer in Various Parts of the Body—Mortality at all Ages, 1897-1910: Women	79
FIG. 12.	Various Countries: Fertility and Cancer, 1901-5	80
FIG. 13.	Fertility and Illegitimacy: England and Wales, 1876-1909	98

PREFATORY NOTE

It gives me great pleasure to write a prefatorial note for this book. The question that forms its title, and with which it deals in an original and admirably scientific manner, is by far the most important question of the day. If those who are best qualified to answer it were to reply with an open and emphatic "No," the immediate and continuous benefit to humanity would be enormous and unprecedented. Poverty would, in two or three years time, be banished from this country, and, in a generation or so, from the whole world; there would be a rapid improvement in the quality of the race; and the day of the abolition of war would actually be in sight. A decision, therefore, as to the justifiability of family limitation is of the greatest possible moment. Dr. Drysdale has done full justice to the adverse evidence on the subject, and his readers will at all events be able to decide whether or not the title question has yet been satisfactorily answered. I can at present wish nothing better for mankind than that this book should be read by every clergyman, doctor, and open-minded person in the land.

Binnie Dunlop, M.B., Ch.B.

THE SMALL FAMILY SYSTEM: Is it Injurious or Immoral ?*

INTRODUCTION

BY far the most important question of our time, to those who take more than a superficial or transitory interest in social matters, is the question of limitation of families. Since the year 1876 when Mr. Charles Bradlaugh and Mrs. Annie Besant were prosecuted for publishing Dr. Knowlton's pamphlet, *The Fruits of Philosophy*, in which practical information concerning the means of limitation was given, the birth-rate in practically all civilised countries has rapidly declined although it was rising before this date. This fact, combined with the inquiry made by the Fabian Society in 1905, and the testimony of many medical men, renders it beyond doubt that this fall of the birth-rate is not only due to the voluntary restriction of families within marriage, but also to the employment of means of preventing conception which do not otherwise interfere with the sexual life of the parents. That the fall of the birth-rate is due to restriction of families is practically proved by the record of the fertility of married women, which has fallen from 292.5 births per thousand married women in 1870-72 to 209.4 per thousand in 1909† in England and Wales, and similarly in other countries; while one strong piece of evidence against this being due to what is sometimes termed "moral restraint" from intercourse by married people is that it did not occur

*NOTE.—Throughout this pamphlet the terms artificial restriction or limitation are used in the popular sense of restriction of families without cessation of sexual life. The appropriateness of the term "artificial" may well be questioned.

† Reg.-General's Report, 1909, p. xxx.

before 1876, although the necessity for restriction of families and the advice of "moral restraint" had been most strongly before the public ever since the commencement of last century. The inquiry made by the Fabian Society in 1906 showed that 242 out of 316 married couples admitted having deliberately limited their families.* Moreover a well-known English gynæcologist has put the matter in the following strong terms, in 1904 :—†

"Artificial prevention is an evil and a disgrace. The immorality of it, the degradation of succeeding generations by it, their domination or subjection by strangers who are stronger because they have not given way to it, the curses that must assuredly follow the parents of decadence who started it ; all of this needs to be brought home to the minds of those who have thoughtlessly or ignorantly accepted it, for it is to this undoubtedly that we have to attribute not only the diminishing birth-rate, but the diminishing value of our population.

It would be strange indeed if so unnatural a practice, one so destructive of the best life of the nation, should bring no danger or disease in its wake, and I am convinced, after many years of observation, that both sudden danger and chronic disease may be produced by the methods of prevention very generally employed . . . The natural deduction is that the artificial production of modern times, the relatively sterile marriage, is an evil thing even to the individuals primarily concerned, injurious not only to the race, but to those who accept it.

Since I delivered my Presidential address I have found such widespread agreement and approval of all that I said among my own professional brethren everywhere, that I have no hesitation in bringing the whole body of professional opinion in evidence, at least of practical unanimity, in the tracing of the decline of the birth-rate to the use of artificial checks or preventives ; and this body of skilled opinion is

* A further examination of the figures led to the conclusion that during the decade 1890-99 "only seven or possibly eight unlimited fertile marriages are reported out of a total of 120." See Fabian Tract No. 131.

† Dr. F. W. Taylor, late President of the Gynaecological Society, quoted in *The Falling Birth-rate*, by Lieut.-Col. H. Everitt, Hon. Secretary of the White Cross League, 7, Dean's Yard, S.W.

not founded on any theory, but on the ascertained facts of daily experience. . . . The cause of the stationary population of France has been threshed out and acknowledged for years, and the Report of the Royal Commission on the similar decline in New South Wales not only traces the cause directly to artificial prevention, but stigmatises the married state of those who practise it as one of ' monogamous prostitution.'

It is no good trifling with facts :—

(1) Our birth-rate is steadily declining.

(2) This is due to artificial prevention.

(3) This is slowly bringing grievous physical, moral, and social evils on the whole community."

There is no hesitation here as to the cause of the fall in the birth-rate, nor as to the writer's opinion concerning it. Leaving the latter for consideration below, we must regard it as accepted by all educated people who not only study the external evidence, but have their own experience to go upon, that " artificial " restriction is practically the sole means by which limitation of families is brought about, and that the " moral restraint " preached by the Bishop of London and other Church dignitaries is responsible for a negligible fraction of it. It is most important to realise this fact, as many people who are practising artificial restriction themselves, have the impression that " moral restraint " is the ideal which they ought to follow, and which others are perhaps following ; and they are therefore ashamed of their conduct and maintain secrecy concerning it. This is a serious matter. For if artificial restriction is an evil we ought to know the extent of it, and how to fight it ; while if it is good for the educated classes, it is evidently far more necessary on all grounds for the poor, and the former ought honestly to declare their actions and join in extending to the poor the knowledge which they have applied for themselves. All the evidence goes to show that artificial restriction is now well nigh universal among people of education and refinement, so no one has any reason for feeling shame as being below the general level in having adopted it.

The only question therefore really before us is whether this artificial restriction is or is not injurious to health and morality ; and this question has been brought forward with special prominence lately by Mr. Commissioner Beale's work on *Racial Decay* * and by the evidence before the Select Committee on Patent Medicines now sitting.

Those who wish to hear the case against artificial restriction of births put with the strongest possible force and completeness may be recommended to read Commissioner Beale's extensive work on *Racial Decay*. Indeed the existence of this book will absolve the present writer from doing more than quoting the strongest and most official pronouncements against the practice. A brief though emphatic indictment against it is also given in *The Falling Birth-rate*, a pamphlet compiled by Lieut.-Col. H. Everitt, and issued by the White Cross League in 1909. At the time of writing, the evidence given before the Select Committee on Patent Medicines on this subject has not been very remarkable, but those who may like to know of it will find reports of the proceedings in the columns of the *Chemist and Druggist* and the *Pharmaceutical Journal* notably for June and July, 1912.

It will be noticed that many of the writers quoted in this book speak of artificial restriction of families as Neo-Malthusianism. This is so far true that the advocacy of such methods and the invention of many of them originated with the neo-Malthusians, but neo-Malthusianism is a doctrine which teaches that the control of births is necessary for the improvement both of the economic conditions and the quality of the human race ; and at the same time recognises that delayed marriage or celibacy inevitably leads to serious sexual irregularities and diseases. It therefore advocates general early marriage, combined with the voluntary limitation of families to those children which the economic

* London : A. C. Fifield, 5s. net.

conditions or health of the parents will permit them to bring up as efficient citizens, and it approves of the employment of all devices for this purpose which are not injurious to health.

But mere indiscriminate prevention of conception by artificial means is no more neo-Malthusianism than is the indiscriminate dabbling in drugs or patent medicines, by ignorant people, the science of medicine. No one in his senses would condemn the medical profession or the use of drugs because ignorant people made bad use of them, nor should neo-Malthusianism be necessarily blamed for any possible evil results of preventive devices. *Abusus non tollit usum*, and we do not condemn explosives or firearms because serious results occasionally arise from their unskilful use.

There are three methods of coming to a conclusion on this all-important question; (*a*) by ascertaining the opinions of medical authorities and moralists, (*b*) by considering the conduct in this respect of these authorities themselves, and (*c*) by studying the course of the health and morality of the community as limitation of families has become more general. This we shall now proceed to do.

CHAPTER I

OPINIONS OF MEDICAL AUTHORITIES

THE opinion of Dr. F. W. Taylor, above cited, is that of an acknowledged gynæcological authority in this country. Although we have not come across any other example of such wholesale and unsparing medical condemnation, we believe that many of his statements would have been endorsed by other medical men at the time. But it is unnecessary to investigate this in detail as the consensus of medical opinion in this country was supposed to be expressed in the following Resolution passed in 1905 by the South Western Branch of the British Medical Association, and afterwards endorsed by the Devonport Branch of the Association :—

"*That the growing use of contraceptives* (*means to prevent conception*) *and ecbolics* (*substances to empty a pregnant womb*) *is fraught with grave danger both to the Individual and the Race*; *and that the advertisement and sale of such appliances and substances, as well as the publication and dissemination of literature relating thereto, should be made a penal offence.*"

It is perhaps unnecessary to go further for examples of strong condemnation. Those who are accustomed to put their faith in official authority will feel that the matter is thereby settled. But there are others who will remember that authority in all departments has frequently been used to bar progress. For these the following facts may lead to a reconsideration of the matter.

Dealing first with the resolution just quoted, we may observe that two things are coupled together for censure—preventives and ecbolics. The latter term implies abortifacients, which are drugs or other devices for producing

abortion ; that is, for destroying the embryo after conception has taken place. This is not only a destruction of life already commenced (albeit unconscious life), and a criminal offence ; but, when attempted or carried out by drugs or unskilled interference, is generally attended by serious injury to the health of the mother. It is therefore most strongly to be discountenanced.* The prevention of conception, on the other hand, is *not* a destruction of life (religious fanatics notwithstanding). So far as any kind of destruction is concerned it does not differ in any way from strict continence. It is *not* illegal, and its effects on the health, which are now in question, are at any rate of a quite different order to those of the taking of poisonous abortifacients.

To anyone having medical or physiological knowledge, the mere fact of these two methods being coupled together in the same sentence, as if deserving of equal condemnation, affords a strong ground for suspicion of the whole Resolution. If any body of people were to pass a resolution stating that the growing prevalence of murder and of sport in the United States is fraught with grave danger to the individual and the State, and that therefore the sale of revolvers and sporting appliances as well as the publication and dissemination of the literature relating thereto should be made a penal offence, the public would immediately regard them as some puritanical fanatics who were endeavouring to obtain legislation against practices which might be either hurtful or beneficial, by coupling them with a great and unquestioned evil. Whether prevention is harmful or not, it is on an absolutely different plane from abortion. The inclusion of the two in the same category can only be regarded as an evidence of ignorance or of prejudice. This is

* It will be remembered, however, that the majority of papers, even of the most respectable kind, have freely opened their columns (until quite recently) to advertisements of means for the "correction of irregularities," which refer to drugs of this kind.

perhaps a strong statement, so it will be well to examine the evidence in detail. We shall commence by seeing what medical authorities in other countries have to say concerning preventive methods.

Dr. Hector Treub, Professor of Gynæcology at the University of Amsterdam, in his widely adopted *Handbook of Gynæcology*, 4th Edition, 1903, pp. 656 *et seq.*, describes several of the methods of preventing conception as perfectly innocuous, and says :—

" And the fact in itself that pregnancy is prevented cannot be said to be a source of danger. In the numerous sterile marriages nothing is to be seen of such dangers, and when you look around you at the present time, you observe that voluntary sterility is just as harmless."

The same eminent authority in his *Verspreide Opstellen Haarlem*, p. 8, says :—

" So my conclusion is, that in society as it is now, neo-Malthusianism, carried out in all respects in as satisfactory a manner as possible, is only deserving of praise."

Dr. J. Rutgers, of The Hague, in his book on Race Improvement (*Rasverbetering*), p. 50, says :—

" There is but one method of saving women from the risk of Gynæcological diseases depending on infection, and that is cleanliness. Now cleanliness is the most essential feature in the application of preventive means. Preventing infection and preventing fecundation are in principle parallel problems."

Dr. Alletta H. Jacobs, the first lady doctor in Holland, has for more than twelve years given a gratuitous gynæcological and neo-Malthusian consultation twice a week for poor women. Between 1880 and 1898 she instructed more than 2,200 women in the use of mechanical preventives, and testifies that she never observed any injury to health arising from it.

Dr. H. Rohleder, of Leipzig, an eminent specialist on sex questions, has recently written a brochure entitled *Neo-Malthusianism and the Physician*, in which he speaks of the

great importance of preventing parenthood in cases of diseases of the heart, kidneys and lungs; and in cases of feeblemindedness, and of chronic alcoholism and poverty; and he says :—

"Indeed I believe that in such cases the recommendation of neo-Malthusian methods by the doctor is not only a duty from which there is no escape, *but that his failure to do so is a crime against our present and future generations* and the community."

Dr. August Forel, M.D., Ph.D., LL.D., late Professor of Psychiatry at the University of Zurich, and a well-known authority on sex questions, says in his *Sexual Ethics* (New Age Press), p. 61 :—

"Moreover, we must no longer be content to remain indifferent and idle witnesses of the senseless and unthinking procreation of countless wretched children, whose parents are diseased and vicious, and whose lives are for the most part destined to be a curse to themselves and their fellow men."

"We must therefore recommend to all persons who are sickly or infirm in body or mind, and especially to all suffering from hereditary ailments, the use of means for the prevention and regulation of conception, so that they may not, out of pure stupidity and ignorance, bring into the world creatures doomed to misery and misfortune, and predisposed to disease, insanity and crime." And in a footnote he says: "We refer, of course, to such preventive methods as are completely harmless to the persons making use of them. Methods for the prevention of *conception* in general fulfil this condition."

These citations are amply sufficient to show that many Continental medical men of high reputation take a diametrically opposite view to that expressed by the Resolution of the South Western Branch of the British Medical Association in 1905. Here is another unhesitating utterance from a well-known American, Dr. W. J. Robinson of New York, editor of a medical paper, *The Critic and Guide*. In the issue of the paper for March, 1912, he wrote the following :—

THE THREE MOST IMPORTANT MEASURES FOR THE IMPROVEMENT OF THE HUMAN RACE.

"The three most important measures for the improvement of the human race from a eugenic standpoint? What are they? I suppose everybody who has given the subject any thought has his remedies. I have studied the subject for years, and my answer is: (1) Teaching the people the proper means of the prevention of conception, so that people may only have *as many* children as they can afford to have, and have them *when* they want to have them; (2) Demanding a certificate of freedom from venereal and other transmissible disease from all candidates for a marriage licence. This is bound to come, and come soon; (3) The sterilisation by vasectomy and oöphorectomy of all degenerates, imbeciles, and vicious criminals. This measure has already been adopted by some States, and it is but a question of time when it will become universal.

Of the three measures the first one is the most important, and still it will be the last to come, because our prudes think it will lead to immorality. And nevertheless, I will repeat what I said several times before, that there is no single measure that would so positively, so immediately contribute towards the happiness and progress of the human race as teaching the people the proper means of regulating reproduction. This has been my sincerest and deepest conviction since I have learned to think rationally. It is the convicion of thousands of others, but they are too careful of their standing to express it in public.* I am happy, however, to be able to state that my teachings have converted thousands; many of our readers who were at first shocked by out plain talk on this important subject are now expressing their full agreement with our ideas. And Congress may pass Draconian laws, the discussion of this subject cannot, must not be stopped."

In the February issue of this paper, Dr. Robinson also

* It is worthy of note, in confirmation of this statement, that a few months ago a banquet was given in honour of Dr. Robinson by two hundred of his fellow medical practitioners, presided over by Dr. Jacobi, the President of the American Medical Association. The occasion was the tenth anniversary of Dr. Robinson's paper, the *Critic and Guide*, in which he has so strongly and continually advocated teaching all adult persons the methods of prevention.

had a short note on "The Maternal Instinct," in which he relates the case of a woman who had lost five children in succession, but who was so anxious to have a living child as to undergo Cæsarean section twice; and he concludes :—

"Incidentally this again shows that the fear of our prudes that knowledge of the means of the prevention of conception would depopulate the earth is unfounded. The maternal instinct is still strong enough in the breasts of a sufficiently large number of women to keep the race satisfactorily replenished; the only difference being, as we have said so many times before, that the people would have their children when they wanted them and only as many as they wanted."

And the following quotation from Dr. Robinson's book on *Sexual Problems of the Day* leaves not the slightest doubt as to the importance he attaches to the question :—

"And one of the central thoughts of my discourse to-night, one of the thoughts I would like you to carry away with you and ponder at your leisure, is this: Let the district physicians and district nurses who visit the poor be *not only* permitted, but *instructed* to teach the poor mothers how to avoid having more children than they can properly support and care for. And let us also institute a propaganda which will work a change in public opinion, so that it may not be considered a matter of pride, but a matter of shame, to give birth to children for which the parents must invoke public aid."—"The Limitation of Offspring: The Most Important Immediate Step for the Betterment of the Human Race, from an Economic and Eugenic Standpoint." A discourse read by Dr. W. J. Robinson before the American Society of Medical Sociology (of which he is now the President), March 4th, 1911.

One other quotation which may be given is from an English medical man, Dr. C. Killick Millard, M.D., D.Sc., Medical Officer of Health for Leicester. Writing in the Church paper, *The Guardian*, of 3rd Nov., 1911, in answer to one of the Bishop of London's characteristic attacks, and referring to the resolution of the Lambeth Conference of Bishops in 1908, to be dealt with later, he says :—

"In order to justify it [the condemnation on moral grounds] and increase the conviction of this very sweeping indictment, the Committee next proceed to give an apparently scientific endorsement for their ban, and state that 'there is good reason to believe that the use of artificial methods of prevention is associated with serious local ailments.' Nervous enfeeblement, loss of mental and moral vigour, neurasthenia, ovarian disease, cancer, and even insanity are all hinted at as possible results, on the authority of 'many eminent physiologists,' the two principal names invoked being the late Professor Taylor and Professor Bergeret. Now I venture to submit that in its scientific aspect the Report is open to serious criticism. Having appealed to science, the Committee ought in fairness to have been at some pains to have obtained the true verdict of science, and not have been satisfied with a loose citation of a few selected opinions all on one side. Nothing is easier than to bolster up a cause in this way. It would have been better had the Committee stated frankly that scientific opinion was very far from being unanimous as to the alleged physical ill-effects of preventives. They might truly have said also that there was little if any evidence of these alleged ill-effects, and they might have quoted on the other side the opinions of authorities such as Professor P. Fürbringer, in his article on 'Sexual Hygiene in Married Life,' in Senator and Kaminer's *Marriage and Disease*—an exhaustive and standard work—to the effect that while certain methods might possibly be injurious, others were harmless."

These opinions, to which many more could be added, are sufficient to show that doctors have disagreed most strongly on this subject, so it may be asked, Who then is to decide? The only answer is that people must decide for themselves. The following considerations may assist them to do so.

We have already called attention to the fact that the South Western Branch of the British Medical Association has coupled together preventives with abortifacients in its resolution, which the Continental writers never do. This can only be due to great ignorance, or to a desire to cloak the real issue. Dr. Taylor's strong remarks do not in any way inform us as to whether attempts at prevention or at

abortion* were the cause of the evils he mentions; and everyone will agree as to the terrible results of unskilled attempts at abortion. There can be no doubt that a large number of medical men in this country are lamentably ignorant of the general scope of contraceptive means (although they employ particular ones themselves), and are quite prepared to confuse them with abortifacients. In conversation with a medical graduate from one of our premier colleges, and of considerable experience, we gathered from him that he had no general knowledge whatever of contraceptive methods, and that the majority of medical practitioners had no opportunity of gaining scientific knowledge concerning them. An eminent Medical Officer of Health informed us, that although he and such of his colleagues as he had privately enquired of considered contraceptive methods quite harmless, the ignorance of the subject among them was astonishing. When we hear such statements we can quite understand that the confusion between prevention and abortion, combined with theological prejudice and self-interest, could easily lead to statements such as those of Dr. Taylor, or to resolutions such as that of the South Western Branch of the British Medical Association.

On the latter point the following quotation from the *British Medical Journal* of 9th September, 1911, throws a light of some importance :—

"The prospects of private practice are inferior to what they used to be. Complaints of lessened incomes and increased expenses began, indeed, to come in a few years ago in such numbers that the subject was specially investigated by this Journal, and the results recorded in two articles on 'The Financial Prospects of Medicine' . . . The net outcome of these articles was to prove that not only was the possible number of patients less, but each one of those that

* It is, of course, quite open to anyone to include abortion under the term *prevention*, in the more general sense of prevention of child-birth instead of prevention of conception.

remained needed less medical attendance than formerly, especially for the zymotic diseases, which used to furnish so much work. In this connection must be mentioned the decline in the birth-rate, which not only affects the medical men of this generation, but must seriously influence the prospects of those who may succeed them."

It is indeed unpleasant to have to suggest that medical prejudices on this matter may not be entirely unconnected, albeit unconsciously, with questions of self-interest; and I should not have done so but for having seen this possibility referred to elsewhere.* Apart from this the foregoing quotation is of importance; it contains no indication of any injury to health from the restricted birth-rate. On the contrary, we are told that less medical attendance is now necessary, and that there is every prospect of this continuing as the birth-rate falls. How is this compatible with the remarks of Dr. Taylor?

It must further be noted that in the past five years the opinions of British medical men appear to have been undergoing a very rapid change on this subject. No legislation has occurred since the above resolution was passed, and the birth-rate has been falling even more rapidly. It would only have been natural if, when the matter came up before the British Medical Association in 1910, the resolution of 1905

* See "Is there a Medical Conspiracy?" *John Bull*, October 8th, 1910. See also *The Vote*, September 24th, 1910, which, referring to a discussion on the question of medicine as a profession which had just appeared in *The British Medical Journal*, says: "Amongst the causes quoted for the present bad condition and the worse prospects of the medical profession is the decline in the birth-rate. The clause deserves to be quoted in full. The article says the decline of medicine as a profession is due to 'the lowered birth-rate, which has fallen to 26.3 per thousand. This has had a dual effect. There are not only fewer confinements, but fewer babies for medical men to attend.' We are quite willing to admit this, and further, to admit the bearing of this factor on the doctor's income; but we are not willing to admit that this gives the doctor any right to preach the doctrine of large families. We go further, and say that it does not justify the medical profession in encouraging the coming of unfit children into the world, and in failing to warn women unfit for motherhood."

had been reaffirmed with a note of increasing urgency. Instead of this, all that happened was a very mild discussion, in which perhaps the strongest adverse point was made by Dr. J. W. Ballantyne in the following remarks :—

" There is first, the dissemination of the knowledge of the possibility of limiting the number of pregnancies by other means than the dangerous induction of abortion, and in ways that do not include continence ; this information has been industriously propagated by the supporters of neo-Malthusianism, and is being quietly handed on from one married man or woman to another all over the country. Time will tell whether the use of ' checks ' is indeed harmless, but there is already some evidence that a perfectly healthy state of the reproductive organs cannot be looked for when these organs are constantly being stimulated to a certain point, and as constantly being prevented from experiencing the natural consequences of the stimulation. It will be strange if bodily and mental well-being in women are found to be compatible with the frequent production of the sexual orgasm unaccompanied by its reproductive consequences, namely, pregnancy, child-birth, and lactation."

This is indeed an anti-climax to the thunders of Dr. Taylor and the resolution of the South Western Branch. The distinction between abortion and prevention is clearly brought out, and all we have is simply a vague suggestion of possible harm from the use of preventive checks. And even this suggestion is not allowed to pass unchallenged. In the Editorial article on " The Medical Profession and the Falling Birth-rate " in the *British Medical Journal* of 3rd September, 1910, the following remarks appeared :—

" Of such unproved assumptions—possibly correct, possibly wrong—as were made by any speaker, it is proposed to mention only one. This is that an ordinarily active sexual life in which pregnancy is intentionally prevented is directly inimical to the physical well-being of women. It is a statement constantly made, and on the strength of it medical men are told that it is their duty to preach the same doctrines on the subject as those of the Roman Catholic Church, which, however, are based on a totally different order of

ideas. As already indicated, the assumption may be perfectly true, *but the proof has yet to be furnished.** The question merits consideration, if only because the point is so constantly brought up; but many difficulties surround its thorough examination. If the idea can be shown to be well founded, medical men will then have truly medical—and indeed imperative—grounds for joining hands with those who express themselves as seriously disturbed by the fall in the birth-rate, and for co-operating with them as far as this particular factor is concerned.

"Meantime emphasis should be laid on the circumstance that the factors at work are numerous, and that the action of most of them can probably be negatived rapidly, if at all, neither by individuals nor the State, and that in any case most of them are of such a kind as little to concern medical men as a profession. It is hardly possible to sum up these factors in a single sentence, but they are covered in a measure by the statement that while most people would admit that a childless family was one of the bitterest of ironies, and while love of children is no less characteristic of normal adults than formerly, many men and women feel that they can best develop their capabilities by remaining unmarried, and many married couples esteem it a duty alike to themselves and to unborn possible progeny to limit their families to a number which they feel able to educate and place out in life in thoroughly satisfactory fashion.

"It would indeed be somewhat paradoxical if in an age when the need for endowment, life, sickness, and other insurances is constantly being put before the public, doctrines such as 'Take no thought for the morrow, what ye shall eat or what ye shall drink,' and 'Happy is the man who hath his quiver full' were felt to have their original force."

"It is quite possible that these new scruples and such part of the fall in the birth-rate as results from their exercise is an inevitable incident in the evolution of civilised humanity, and is the answer which Nature makes when it finds modern man departing so essentially in respect of environment and mode of life from those for which she first designed his ancestors.

"It does not follow, however, that medical men have

* Italics mine.—C.V.D.

nothing to do with the subject. If a distinction is drawn, as it should be, between conception-rates and birth-rates, this becomes more obvious. *With the former it is no concern of medical men to interfere,** but the latter they can influence materially in respect of height, and beneficially in point of effectiveness. . . . The effectiveness of the birth-rate can also be influenced by continuing the study of heredity, which has already been in progress so long, and by pressing on the notice of the public such facts as have been definitely ascertained. They may be few, but they offer the strongest ground for holding that *a check should be placed on the fertility of certain classes of individuals whose offspring, if not defective from the beginning, almost inevitably grow up into citizens of a very undesirable type.** In both these directions there is plenty of work for the medical profession to do."

So that we actually find the official organ of the British Medical Association stating that there is no proof yet forthcoming of any evil results of artificial prevention, that this restriction of families is the result of praiseworthy prudence, and that doctors ought to help in checking the fertility of the obviously unfit—a doctrine which has always been part of the programme of the neo-Malthusians.

But the change of opinion still progresses. Since the above was written the British Medical Association has met again twice, and the subject has been referred to on both occasions. Here are some extracts from the Presidential Address of Sir James Barr to the British Medical Association at Liverpool on July 23rd, 1912.

" We have successfully interfered with the selective death-rate which Nature employed in eliminating the unfit, but, on the other hand, we have made no serious attempt to establish a selective birth-rate so as to prevent the race being carried on by the least worthy citizens. The same maudlin sentimentality which often pervades the public not infrequently infects the medical profession. We have often joined forces with self-constituted moralists in denouncing the falling birth-rate, and have called out for quantity regardless of quality. . . . We readily forget that utility, as

* Italics mine.—C.V.D.

long ago pointed out by John Stuart Mill, lies at the basis of all morality. We are also apt to forget that a high birth-rate is practically always associated with a high death-rate, and a low birth-rate with a low death-rate ; the former is Nature's method, a method which has always produced a fine race, though very slow in doing so ; but, with the advance of civilisation, Nature's method is too cruel and barbarous, and, as Man rises superior to Nature and obtains more and more control over her laws, such barbarities are replaced by more humane methods.

I know that in the expression of these views I am coming into direct conflict with at least some of the Churches, of which there are almost as many varieties as there are of human beings. The majority preach in favour of quantity rather than quality ; they advocate a high birth-rate regardless of the consequences, and boldly tell you that it is better to be born an imbecile than not to have been born at all. They forget the saying of Jesus of Nazareth that it would have been well for this man if he had never been born. With the man-made morality of the Church I can have neither art nor part. There must be a high racial morality based on utility and the greatest happiness not merely of the individual but of the race. Medical men, when they are consulted, as they often are, on questions of matrimony and reproduction incur a very serious responsibility when they encourage the mating of mental and physical weaklings. It is their duty not to pander to the selfish gratification of the individual, but to point out to everyone his positive and negative duties to the race."

And lest the opponents of " artificial " limitation should console themselves with the reflection that Sir James Barr has only blessed the falling birth-rate, and not the means of its attainment (although he says nothing of any evil consequences of the decline), here is his quotation of Dr. Mott :

" The profound psychical influence of the sexual glands, by reason of their internal secretions during the period of ripening of the germ-cells, is beyond all dispute, and the repression of the instinct of propagation, and attendant mental dejection or excitation, is a powerful exciting cause of mental or nervous disorders."

According to this, it is " moral restraint " which is

provocative of evil consequences to the health, as the neo-Malthusians have always contended, and this view is strongly supported by Continental medical testimony.

It has been claimed that the body of each individual is totally renewed every seven years. As this is the interval between the resolution of the South Western Branch of the British Medical Association in 1905, and Sir James Barr's Presidential Address of 1912, it appears that this applies equally to a corporate body, and that we may now expect a new regime.

A remarkable fact in this connection is that Professor Barr's pronouncement has come upon the heels of an even stronger one by the President of the American Medical Association, Dr. A. Jacobi, in his Presidential Address. In the *Critic and Guide* for July, 1912, a report of this address appeared from which we take the following extracts (the italics are due to the Editor, Dr. Robinson) :—

" Is there no way to prevent those who are born into this world from becoming sickly both physically and mentally ? It seems almost impossible as long as the riches provided by this world are accessible to a part of the living only. The resources for prevention or cure are inaccessible to many—sometimes even to a majority. That is why it has become *an indispensable suggestion that only a certain number of babies should be born into the world.* As long as not infrequently even the well-to-do limit the number of their offspring, *the advice to the poor—or those to whom the raising of a large family is worse than merely difficult—to limit the number of children, even the healthy ones, is perhaps more than merely excusable.* I often hear that an American family has had ten children, but only three or four survived. Before the former succumbed they were a source of expense, poverty, and morbidity to the few survivors. *For the interest of the latter and the health of the community at large, they had better not have been born.*"

" Consumptives and epileptics and semi-idiots are permitted to propagate their own curse, both what is called

legitimately and illegitimately. Human society should have pity on itself and on its future. *The propagation of its degenerate, and imbecile, and criminal should be prevented.* We have no positive laws yet for the syphilitic and gonorrheic *who ruin a woman's life, deteriorate her offspring—if she have any—and impair the human race.* We have come to this: that half of us are obliged to watch, and nurse, and support the other half, *most of whom should never have been born.*"

"Modern industry reduces the vigour and vitality of men, and woman and child labour exhausts the mothers and fathers of the future and present generations. Millions of men are prevented from contracting a marriage by pecuniary want and the impossibility of satisfying their sexual hunger except with prostitutes."

Again we see in this pronouncement not only the need for family limitation completely recognised, but the remedy of abstention from marriage rejected. Sex hunger is regarded as an overmastering impulse, and the remedy which Dr. Jacobi obviously intends for the evils he describes is early marriage combined not with sexual abstinence but with preventive measures. There is not the slightest suggestion that the limitation of families by the well-to-do has any injurious physiological consequences.

At the meeting of the British Medical Association at Brighton this year (1913), a new Section of Medical Sociology was inaugurated, in which laymen deliberated in co-operation with the medical profession upon questions of general public importance. In the opening meeting the question of Eugenics was discussed, and the only reference to family limitation of families in the papers read was made by Dr. Harry Campbell in his paper on "Eugenics from the Physician's Standpoint," in which the following remarks (quoted from the *British Medical Journal* of August 2nd) occurred :—

"It is scarcely necessary to say that those possessing serious congenital defects, such as of sight and hearing, should not propagate their kind.

There are other diseases, equally serious in themselves, but the having suffered from which is not usually regarded as a bar to marriage. I allude to all those cases of non-accidental diseases in which life is saved by the surgeon's skill. Most individuals of this kind should be regarded as procreatively unfit. Take the case of a person with strangulated hernia, fulminating appendicitis or ovarian cyst. But for the surgeon, such a one would be weeded out as unfit, and thus prevented from handing on his unfitness. Let us use all the means at our command to rescue such sufferers from death, *but it must be on the clear understanding that no children shall be born to them afterwards.*"*

And he concludes his paper with the following excellent pronouncement :—

" It is for us to insist upon the wrongness of bringing into the world, through deliberate disregard of parental unfitness, of degenerate offspring, and we shall be unworthy of the traditions of our profession if we do not, each of us in his own particular sphere, strive to bring nearer the day when not in a heritage of woe, but of blessing, the deeds of the fathers shall be visited upon the children."

As a number of the defects or diseases mentioned by Dr. Campbell might not, and probably would not, be discovered till after marriage, it is clear at least that he approved of restriction of births within the marriage relation.

In the discussion which followed, Sir James Barr made the following remarks, which emphasise the rebuke he administered to the medical profession in his presidential address of the previous year, and show clearly that he believes in restriction of births among married people if there is reason to expect that their offspring will be defective :—

" When it is a question of healthy or unhealthy children in the homes of your patients you are silent. You know the coming misery that is inevitable, but no word of warning is allowed to escape your lips. ' Medical etiquette ' is your Mrs. Grundy : she is chaste as the cold Diana. And when I remonstrate, you only whisper : ' Hush ! how indelicate ; how utterly unprofessional !' "

* Italics mine.—C.V.D.

Next we have a direct advocacy of the teaching of preventive methods by the medical profession, emanating from a medical man :—

" Dr. Binnie Dunlop described eugenics as almost entirely a question of the reduction of the present fertility of the economically and biologically unfit. When the Malthusian League was founded thirty-five years ago one of its leading points was that race improvement depended upon this reduction, and it appealed to the educated classes to spread the new knowledge of the control of reproduction among the poor. But it appealed in vain, mainly on account of clerical opposition. So the fitter classes continued more and more to limit their families, while the fertility of the poor and the unfit continued almost unchecked. Some people blamed the doctors for a good deal of this. But it was not easy for the medical profession to go ahead of public opinion. Fortunately, the Churches' opposition had been markedly lessening in the last few years. That medical men were only awaiting a public sanction to give advice freely on family limitation might be inferred from recent authoritative pronouncements. Dr. Dunlop quoted several of these, and expressed the view that British public opinion was turning in the same direction. This, he urged, afforded justification for the claim that the medical profession should now take up the matter in the interests of the individual, the family, and the race."

And the same view was of course taken by the present writer :—

" Dr. Charles V. Drysdale thought the essential point to be recognised was that if natural selection was to continue to be a race-improving factor its selective elimination must not be prevented. The whole tendency, however, of humanitarianism, of Christianity, of medical and surgical science, and of hygiene had been against this elimination ; to preserve the diseased, the weakly, and the inefficient, and to permit their full rate of reproduction—thus preserving the evils of the struggle for existence, while eliminating its useful selection. The advocates of natural selection, therefore, must either candidly avow themselves anti-humanitarians, and allow the struggle to do its cruelly beneficent selection through death, or they must abandon the struggle

altogether and imitate the natural by rational selection. It became the duty of society and the physician to say : ' We will alleviate your misfortunes or your disease, but, as you would not survive unless we do so, you ought not to have children to inherit your defects.' This simply meant that the poor and those suffering from hereditary disease should regulate their families in accordance with their reasonable prospect of bringing up their children decently."

Although these two speeches gave a direct invitation to the medical authorities present to show cause why family restriction should not be extended to the poorer classes ; and they were made in the presence of clergymen and various social reformers, not a single objection was made in the whole of the subsequent discussion. A distinguished Roman Catholic priest who was present sympathetically referred to the last two speakers' remarks and deprecated the idea that the Church had been blind to its responsibilities as regards the race. Not a single medical or other warning was given that there was risk of any kind associated with family restriction, and Dr. Campbell in his reply reaffirmed the great importance of restriction on the part of the unfit.

The great International Medical Congress has just terminated. Over eight thousand medical men of all nations have gathered in London to discuss every phase of medical science The extent to which the practice of family limitation has been adopted in Europe alone is such that from a million to a million and a half fewer births now take place every year than would have done if the birth-rate of 1876 had been maintained. This must mean that very many millions of married people have adopted preventive methods. But the great medical congress has met and separated without a single allusion to the question. In view of the thunders of a few years ago when the practice of prevention was less rife than at present, this silence can only mean that the profession has changed its opinion and that it prefers to ignore

the matter rather than to openly confess its former mistake. The paper by Dr. Hall to be referred to below should have given an opportunity for renewed denunciations, but none were forthcoming.

It is hardly credible that such an overwhelming change can have come about in the short space of seven years, and these facts show clearly that medical luminaries have not always been exempt from violent prejudice or ignorance. But, it will no doubt be remarked, surely the strong condemnation from a man of such undoubtedly great gynæcological experience as Dr. Taylor must have had some foundation. Most certainly it had, and the following quotation from the *British Medical Journal* of February 24th, 1906, may help to explain it. In that issue appeared a paper by Dr. A. Hall, M.A., M.D., F.R.C.P., and Dr. W. B. Ransome, M.A., M.D., F.R.C.P., Physicians to the Hospitals of Sheffield and Nottingham, entitled "Plumbism from the Ingestion of Diachylon as an Abortifacient," or in other words, Lead Poisoning from the taking of Diachylon for procuring Abortion. Diachylon, or "lead plaster," is mainly composed of oxide of lead, and it has been taken to a large extent by unfortunate women in the form of lumps or "female pills." Here are a few actual remarks :—

"During the last few years outbreaks of lead-poisoning of varying extent and severity have occurred in different localities, which could not be traced to the ordinary sources of plumbism, such as water contamination or dangerous occupation. The cases were always limited to women of child-bearing age, and eventually the source of the poisoning was traced to the custom of taking diachylon as an abortifacient." After referring to a previous paper on the subject, it goes on: "This custom of taking diachylon, instead of diminishing, has spread over such a large area of country, and assumed such serious proportions, that steps must be taken to check it, or if possible to stop it altogether. How this may best be done remains to be settled, but it is not so simple as might at first sight appear." . . . "I believe we

shall not be far wrong in saying that several hundred women have taken diachylon in this district alone during the last few years." The paper also quotes several cases of deaths due to lead poisoning which were traced to "female pills" containing diachylon.

At the recent International Medical Congress Dr. Hall read another paper on the same subject in which he says he has noticed that the amount of lead poisoning from this cause depends considerably upon the state of trade, increasing in times of economic depression. This indicates very decidedly that it is due to the fear of inability to support another child by the married woman. If the practice were common among unmarried women in order to avoid discovery it would not be affected by the state of trade.

It is highly probable that Dr. Taylor must have come across many cases of this and other attempts at preventing not conception but child-birth, and the horrible results both for the mother and the child would have been quite sufficient to justify his outburst, if he had taken the trouble to ascertain the real cause and to lay the blame at the proper door. What a picture arises before us of these poor mothers —and the authors tell us that it is principally married women who are affected—actually undergoing the pains of lead-poisoning in order to attempt to escape from the everlasting burden of undesired maternity, and from the dread of another child to be starved or to starve her other children. This is what the opponents of "artificial" restriction bring us to.

As a conclusion to this section we may refer to an important judgment which has quite recently been delivered by the Hungarian National Medical Senate. The limitation of families appears to have become more and more common among the peasant proprietors of Hungary ever since the Napoleonic visitation early in the nineteenth century, and to have been recognised as quite rational and praiseworthy by most parties. Recently, however, the small but powerful

Agrarian Party has come into office, and with the desire of obtaining more cheap labour for their large estates, they have started a campaign against preventive devices. Knowing that popular opinion was against them, they bethought themselves of getting medical support, and referred their proposed law to the Medical Senate, of which Professor Wilhelm Taufer, the eminent gynæcologist, is the President. A literal translation of the judgment is given at the end of this pamphlet as a supplementary chapter, but the salient points of it are, first, that not only has the limitation of families not been shown to be injurious from the hygienic point of view, but that the evils of unlimited families are undoubtedly greater than any possible evils of prevention. The Agrarian League having contended that early marriages and restricted families leads to sexual disorders, childlessness, or defective offspring, it is informed that these contentions are entirely unwarranted. It is further informed that abortion is even now practised to a great extent, with the most evil consequences, and that restriction of the circulation of preventive devices can only lead to its increase, in view of the economic situation. The Senate further considers that rational feelings of duty must lead to the limitation of families, and also rebukes the Agrarians and others for setting the most extreme example of the conduct they deplore. This judgment was delivered by Professor Taufer with presumably the full weight of the medical profession of Hungary, and is a striking contrast to the disingenuous resolution of the South Western Branch of the British Medical Association in which prevention and abortion were treated as equally reprehensible. One of the chief objects of neo-Malthusian reformers is the abolition of prostitution, abortion, and venereal diseases by enabling people to marry early and to limit their families by hygienic methods, and this judgment fully endorses their claim.

We may fitly conclude this section with the private

remark of an English medical authority of the highest standing, who was asked his opinion of the neo-Malthusian movement. "The cause seems to me, however, to be won, and active medical co-operation in the future certain."

CHAPTER II

OPINIONS OF CLERICAL AUTHORITIES

WE need not dwell long on their adverse utterances as they are so well known. The names of Father Bernard Vaughan, the Bishop of London, and of Dr. Boyd Carpenter, late Bishop of Ripon, and others have been frequently before the public in this connection. The resolution passed by the Lambeth Conference of Bishops in 1908 will serve to summarise their attitude :—

"*The Conference regards with alarm the growing practice of the artificial restriction of the family, and earnestly calls upon all Christian people to discourage the use of all artificial means of restriction as demoralising to character, and hostile to the national welfare.*"

Nothing could be clearer, more definite, or more satisfactory, for those who desire that this important question should be definitely stated and faced. There is no attempt here even to distinguish between preventives and abortifacients. Artificial limitation, as such, is definitely banned as demoralising.

We need not pause to inquire whether the Church's pronouncement on questions of morality have always been found to be infallible ; for, just as in the case of the medical men, we have other means of judging of the value of their remarks.

It should be observed at the outset that voices have not been wanting even within the Church itself for some time past which are totally opposed to this resolution. A few of these may be cited :—

The Rev. A. E. Whatham, in a pamphlet, *Neo-Malthusianism : a Defence*, has said :—

" I shall endeavour to show that neo-Malthusianism is the only means of preventing the alarming increase of pauperism, sickness, crime and immorality, and, from a Christian point of view, is perfectly lawful. . . . I say it becomes the duty of every thoughtful man and woman to think out some plan to stop, or even check, the advancing tide of desolation ; and the only plan, to my thinking, that is at all workable, is artificial prevention of childbirth. . . . Immorality would largely disappear, and the Christian ideal of marriage be raised."

The Rev. H. R. Haweis, M.A., in an article entitled " Two Shows," in the *Weekly Times and Echo* of November 6th, 1886, said :—

" Until it is thought a disgrace in every rank of society, from top to bottom of the social scale, to bring into the world more children than you are able to provide for, the poor man's home, at least, must often be a purgatory—his children dinnerless, his wife a beggar—himself too often drunk. . . . Here, then, are the real remedies : first, control the family growth, according to the means of support."

And again, in *Winged Words*, Edition of 1885 (published by Wm. Isbister Ltd., London), p. 64, occurs the following passage by the same writer :—

" Over-population is one of the problems of the age. The old blessing of 'increase and multiply,' suitable for a sparsely peopled land, has become the great curse of our crowded centres. . . . You may say children are from God. I reply, so is the cholera. I suppose you are here among other things to determine when and how God's laws shall operate. . . . Some of the happiest couples I have known have been childless. Mutual society, help and comfort count for something, aye, sometimes take the place of everything."

The Rev. Leonard Dawson said, in a lecture which was reported in the *Alnwick and County Gazette* of February 11th, 1888 :—

" How rapidly conjugal prudence might lift a nation out of pauperism was seen in France. . . . Let them therefore hold the maxim that the production of offspring with forethought and providence was rational nature. It was immoral to bring children into the world whom they could

not reasonably hope to feed, clothe and educate. . . . Let them rest assured that he considered his views truly Christian, and likely to promote the cause of temporal happiness and religion in this land and all over the world."

Coming to modern times, the Rev. Dr. Horton, writing in *The Problem of Motherhood*,* although deploring the declining birth-rate in general, says :—

" But there is one thing that I feel bound to mention out of my own personal experience and that is this, I have seen instances of married people exercising the strongest self-control for the very noblest of reasons ; sometimes because their means do not enable them to face the responsibilities of a family ; sometimes because the health of one or other of them would make a family dangerous ; and sometimes because of hereditary tendencies which might possibly be transmitted to the children, if there were any children. And I have learned to regard such self-control with so profound a reverence that it makes me very fearful of passing a general judgment upon the phenomenon causing our present anxiety.

" Many a man remains single, or, having married, remains childless, from motives as high and as praiseworthy as the motives that induce a Catholic to renounce the world and lead a cloistered life ; and although the birth-rate may fall to an appalling degree, it is difficult to see how one should point an accusing finger at such a man."

Let us not be understood for one moment to claim the remarks of the last writer as implying approval of " artificial " prevention. We have little doubt that the " self-control " referred to implies simply the old " moral restraint " which Malthus preached—though with practically no success. But the motives which Dr. Horton extols are surely not confined to those extremely few who exercise " moral restraint." They are the motives which have been steadily in the minds of the neo-Malthusians throughout their propaganda. In the latter part of last year the Bishop of London in his Congress Sermon at Stoke, referred to the " sin " of family limitation. The result was a flood of

* Cassell & Co., 1911, p. 20.

protest from both clergy and laity, and the feeling ran so high that at a mass meeting held shortly after at the Queen's Hall to protest against the *Ne Temere* decree, the mention of his name was received with hisses. In fact he was obliged to write to the *Guardian* of 27th October, stating that he had been misunderstood as regards limitation in general :—

" I was by no means denouncing the limitation of families by self-control. My point is that there is no check allowed by the Church except the check of self-control."

This letter was immediately followed by a long reply from the Medical Officer of Health for Leicester, C. Killick Millard, M.D., D.Sc., writing as a churchman, in which he pointed out that the practice of family limitation was admittedly practised by the " ablest and most intelligent part of the working-class population," who most certainly regarded it as an act of prudence and decidedly the reverse of immoral.

" The Bishop of London, we know, deplores the breach between the Church and the People, but it is scarcely to be expected that intelligent persons will feel drawn to a Church which denounces them as guilty of ' immorality ' for doing that which their own conscience and better judgment approve. Of course if the practice be really immoral it is the Church's duty to denounce it at any cost ; but is it quite certain that the practice is immoral ? Is it immoral under any circumstances and irrespective of motive ? "

Dr. Millard then went on to state, as already mentioned, that the Bishops in their resolution had only accepted a few statements from medical authorities all on one side, and that authorities were very far from agreed in condemning them. And he proceeds :—

" The Bishop of London, in a letter in *The Guardian* for October 27th, replies to ' Married Priest,' and explains that he does not object to limitation of the family provided it be accomplished by self-control. Surely the Bishop, even though himself unmarried, must realise that ' self-control ' within the bonds of matrimony, however commendable in

other respects, is practically useless as a preventive measure. The most abstemious and self-controlled of husbands may have the largest families—witness many of the clergy themselves! To recommend the poor to employ an unreliable method in a case like this is merely to mock them. On the other hand, the employment of artificial means, whilst far more effectual, undoubtedly involves a certain amount of self-control and self-denial, and this is one chief reason why they are not resorted to by the more reckless, selfish, and depraved sections of the community."

The whole of Dr. Millard's letter is a strong plea for the decided morality of limitation from a man of undoubted authority—and the Bishop of London has not deigned to reply.

The latest clerical pronouncement on the question has come from the Dean of St. Paul's, who in presiding at a meeting of the Sociological Society on 13th February, 1912, spoke strongly on the over-population difficulty.*

"With regard to the reduced birth-rate among the middle and upper classes, some people had used very strong language about the selfishness of persons who deliberately had small families. It was only fair to say that, though in some cases small families were due to selfishness, in many cases they were due to unselfishness, and involved a great deal of self-denial, for the benefit of the children: . . . At present, happily, there was room for eugenic children, however many were born, in the waste places of the earth. This would not be the case very long, and he repeated that this question of overcrowding was a thing which must not be shirked. After all, quality was better than quantity, and the great menace to our civilisation was not so much the stationary birth-rate of the upper classes as the great increase among the poor and ill-fed population of our great towns."

And on May 20th, Dr. Inge wrote :—†

"But I must add that in my opinion the main cause of tension is the excessive increase in the population of an overcrowded country (the figures for 1909 are : births, 1,146,118; deaths 687,765), and the unfortunate fact that we are

* *Daily Telegraph*, February 14th, 1912.

† *Daily Mail* symposium on Labour Unrest (May 20th, 1912).

breeding chiefly from inferior stocks. As long as our social reformers and agitators shirk these problems I find it difficult to have much confidence in their intelligence or honesty."

Within the last month a discussion under the heading of "One-child Homes" has appeared in the *Standard* in which a number of writers approved of small families. Several, however, while agreeing with the necessity of limiting the family, strongly protested against preventive methods. Immediately after these letters, appeared the following, on September 4th, from a well known clergyman :—

To the Editor of *The Standard*.

Sir,—There is no greater act of selfishness than to bring a large number of children into the world without the wherewithal to provide for them. We have Scriptural authority in certain cases for the limitation of family.—I am, Sir, yours truly.

Crowhurst Rectory. J. P. Bacon-Phillips.

I do not profess to have studied the Scriptures sufficiently to give chapter and verse for this statement, but it should be abundantly clear to those who will study the words of Christ, Matt. xx. 10-12; and of St. Paul, 1 Corinthians vii. 1, 2, and 5, as well as of the Church marriage service under the heading "Secondly," that if restriction of births within the marriage tie is permissible under any circumstances "moral restraint" is certainly not to be advocated. Marriage is definitely instituted for those who "have not the gift of continency," and St. Paul expressly warns against the results of attempting it within the marriage state. When the Bishop of London stated that the only check that the Church could recognise was the check of continence he was both unclerical and unscriptural.

Again we find, as with doctors' utterances, that clerical ones against artificial limitation are becoming less vehement, if nothing more. But the most astonishing development is now to be recorded. In 1910 a "National Council of Public

Morals" was formed, of distinguished clerical dignitaries aided by a quota of scientific men, in order to combat all undesirable social tendencies, and taking as its motto the words of our present King :—

"The foundations of National Glory are in the homes of the people. They will only remain unshaken while the family life of our race and nation is strong, simple and pure."

The personnel of this Council is so weighty that it may be given *in extenso* :—

NATIONAL COUNCIL OF PUBLIC MORALS
(For Great and Greater Britain).

President, 1911-1912—The Lord Bishop of Durham.

Vice-Presidents—

His Grace the Archbishop of Dublin.
The Hon. Viscount Clifden.
The Rt. Hon. Lord Kinnaird.
The Rt. Hon. Lord Peckover.
The Rt. Hon. Lord Avebury.
The Rt. Hon. Lord Emmott.
The Rt. Rev. The Lord Bishop of London.
The Rt. Rev. The Lord Bishop of Truro.
The Rt. Rev. The Lord Bishop of Liverpool.
The Rt. Rev. The Dean of Westminster.
The Rt. Rev. The Dean of Manchester.
The Rt. Rev. Pearson M'Adam Muir, D.D.
The Rt. Hon. H. L. Samuel, P.C., M.P.
The Rev. the Hon. E. Lyttelton, M.A.
The Rev. A. R. Buckland, M.A.
The Rev. W. J. Townsend, D.D.
The Rev. Canon S. A. Barnett, M.A.
The Rev. Principal C. Chapman, M.A., LL.D.
The Rev. Principal A. M. Fairman, M.A., D.D.
The Rev. Professor Hermann Gollancz, M.A.
The Rev. Professor T. Witton Davies, D.D., Ph.D.
The Rev. Principal Alexander Whyte, D.D.
The Rev. D. Brook, M.A., D.C.L.
C. W. Saleeby, M.D., F.R.S.E., F.Z.S.
H. Vickerman Rutherford, M.D.
H. Grattan Guinness, M.D.

Sir John Kirk, J.P.
Sir Compton Rickett, D.L., M.P., P.C.
J. Ramsay MacDonald, M.P.
The Rev. Principal A. E. Garvie, M.A., D.D.
The Rev. R. J. Campbell, M.A.
The Rev. A. Taylor, M.A.
The Rev. R. F. Horton, D.D.
The Rev. John Clifford, M.A., D.D.
Howard Williams, Esq.
George Cadbury, Esq.
His Eminence Cardinal Bourne.
The Rt. Rev. The Bishop of Menevia.
The Rt. Rev. W. Boyd Carpenter, D.D., late Bishop of [Ripon.
The Rt. Rev. The Lord Bishop of Hereford.
The Rt. Rev. The Lord Bishop of Bristol.
The Rt. Rev. The Lord Bishop of Rochester.
The Rt. Rev. The Bishop of Barking.
The Very Rev. The Dean of Durham. D.D.
The Very Rev. The Dean of Canterbury, D.D.
The Rev. Canon William Barry, D.D.
The Rev. Prebendary Carlile.
The Rev. J. Monro Gibson, M.A., LL.D.
Lady Battersea.
Lady Henry Somerset.
Lady Aberconway.
Mrs. Bramwell Booth.
Mrs. Price Hughes.
Mrs. Mary Scharlieb, M.D., M.S.
The Rev. Principal P. T. Forsyth, M.A., D.D.
The Rev. Principal J. H. Moulton, M.A., D.D.
The Rev. C. Silvester Horne, M.A., M.P.
Professor Sir T. Clifford Allbutt, K.C.B., M.D., D.Sc., LL.D., [F.R.S.
Sir Thos. Barclay, LL.B., Ph.D.
Sir Francis F. Belsey, J.P.
Sir T. Fowell Buxton, G.C.M.G., D.L.
Sir Dyce Duckworth, M.D.
Sir A. Pearce Gould, K.C.V.O., M.S.
Emeritus Professor Sir Alex. Simpson, M.D., LL.D.
Professor G. Sims Woodhead, M.A., M.D., LL.D.
Percy Alden, Esq., M.A., M.P.
John Murray, Esq., J.P., D.L.
William Baker, Esq., M A., LL.B.

The most public action of this highly responsible Council has been to issue a series of sixpenny booklets entitled "New Tracts for the Times."* The first of them, *The Problem of Race Regeneration*, issued in 1911, is by Dr. Havelock Ellis. The passages in it approving of a reduced birth-rate are far too long and too numerous to be quoted in full; but the following will give some idea of their tenor:

"The new sense of responsibility—of responsibility not only for the human lives that now are, but the new human lives that are to come—is a social instinct of this fundamental nature. Therein lies its vitality and its promise.

"It is only of recent years that it has been rendered possible. Until lately the methods of propagating the race continued to be the same as those of savages thousands of years ago. Children 'came,' and their parents disclaimed any responsibility for their coming; the children were sent by God, and if they all turned out to be idiots the responsibility was God's. That is all changed now. We have learnt that in this, as in other matters, the Divine force works through us, and that we are not entitled to cast the burden of our evil actions on to any Higher Power. It is we who are, more immediately, the creators of men. We generate the race; we alone can regenerate the race.

"The voluntary control of the number of offspring, which is now becoming the rule in all civilised countries in every part of the world, has been a matter of concern to some people, who have realised that, however desirable under the conditions, it may be abused. But there are two points about it which we should do well always to bear in mind. In the first place it is the inevitable result of advance in civilisation. Reckless abandonment to the impulse of the moment and careless indifference to the morrow, the selfish gratification of individual desire at the expense of probable suffering to lives that will come after—this may seem beautiful to some persons, but it is not civilisation. All civilisation involves an ever increasing forethought for others, even for others who are yet unborn.

"In the second place, it is not only inevitable, but it furnishes us with the only available lever for raising the

* Cassell & Co.

level of our race. In classic days, as in the East, it was possible to consider infanticide as a permissible method for attaining this end, or for terminating at the outset any life that for any reason it might seem desirable to terminate. That is no longer possible for us. We must go further back. We must control the beginnings of life. And that is a better method, even a more civilised method, for it involves greater forethought and a finer sense of the value of life.

"To-day all classes in the community, save the lowest and the most unfit, exercise some degree of forethought in regulating the size of their families. That it should be precisely the unfit who procreate in the most reckless manner is a lamentable fact, but it is not a hopeless fact, and there is no need of the desperate remedy of urging the fit to reduce themselves in this matter to the level of the unfit. That would merely be a backward movement in civilisation. . . .

"It used to be feared that a falling birth-rate was a national danger. We now know that this is not the case, for not only does a falling birth-rate lead to a falling death-rate, but in these matters no nation moves by itself. Civilisation is international, though one nation may be a little before or behind another. Here France has been ahead, but all other nations have followed; in Germany, for instance, which is sometimes regarded as a rival of England, the birth-rate is falling just as in England Russia, indeed, is an exception, but Russia is not only behind England but behind Germany in the march of civilisation; its birth-rate is high, its death-rate is high; a large proportion of its population live on the verge of famine. We are not likely to take Russia as our guide in this matter; we have gone through that stage long ago."

The second book of the series is by Dr. C. W. Saleeby, entitled *The Methods of Race Regeneration*, in which he deals with the various methods by which the principles of Eugenics or heredity may be directed towards race improvement. In it he says (p. 24):—

"There are cases, however, not merely imaginable, but actual, as a record of my private correspondence alone would abundantly show, of persons who certainly should not have children, and whom many would therefore seek to keep asunder, yet who are married and live happier and better

lives therefor, whilst faithfully regarding their duty towards negative eugenics. We must recognise that, as human beings become more responsible, the number of such cases will increase; and in the name of many of the best men and women, in whose blood, perhaps, there may run some insane taint or what not, I protest against the notion that marriage and parenthood are to be regarded as identical because marriage is primarily for parenthood, or because it is convenient to assume that they are so in public discussion.

"What can conceivably be the explanation of such arguments as those of the Bishop of London and others, who, in the face of our monstrous infant and child mortality, the awful pressure of population and overcrowding in our great cities, where every year a larger and larger proportion of the population lives, and is born and dies—plead for a higher birth-rate on moral grounds, of all amazing grounds conceivable; and those also who, from the military or so-called Imperial point of view, regarding men primarily as 'food for powder,' in Shakespeare's phrase, read and quote statistics of population in order to promulgate the same advice?

"To the moralist we need make no reply except simply to name the infant mortality, which is at last coming to be recognised everywhere as, perhaps, the most abominable of all our scandals."

Elsewhere* Dr. Saleeby has said:—

"Professors of divinity and other distinguished theologians and popular preachers have lent their names to eugenics. The time has come when we cannot possibly descend from aspiration to practice without the innocent and, in point of fact, indispensable aid of neo-Malthusianism. . . . Only by the aid of neo-Malthusianism can we attain the ideal which I have defined in my outline study of Eugenics, that every child who comes into the world shall be desired and loved in anticipation."

It would be hard to imagine a more absolute anti-climax to the accusations of immorality in connection with limitation of families, even when effected by "artificial" means.

In the third book of the series, by Dr. A. Newsholme,

* *The Malthusian*, May 15th, 1910, p. 35.

M.R.C.S., on *The Declining Birth-rate*, we find a statement of some of the facts concerning it with some carefully guarded expressions. While, on the whole, expressing regret at the phenomenon, he tells us on p. 42 that :—

"It would not be fair to omit from consideration what is probably one of the chief factors tending to restrict families. This is the desire of parents with small incomes to educate their children more satisfactorily than they themselves were educated, and to give their children the means for rising in the social scale.

"The motive here is far removed from that of the well-to-do who love ease and luxury and pursue it ; and however much the supposed need for this regulated family may be deprecated in these instances, a harsh judgment in regard to it cannot be maintained."

In the face of such statements emanating from the first three books of the series, it can hardly be said that the National Council of Public Morals with its distinguished clerical representation has even attempted to make out a strong case against the limitation of families. All the ideals concerning the glory of limited maternity and the welcoming of desired children, with the responsibilities of race improvement, were realised and taught by the neo-Malthusians thirty-five years ago, and we may close this section with the oft-quoted remark of John Stuart Mill, who was described by Mr. Gladstone, in spite of his religious prejudices, as the "Saint of Rationalism," but who appears to have taken part in the actual distribution of leaflets giving practical information on "artificial limitation."

"Little advance can be expected in *morality** until the producing of large families is looked upon in the same light as drunkennness or any other physical excess.†

---

* Italics mine.—C.V.D.

† *Political Economy*, bk. ii, ch. xiii.

CHAPTER III

CONDUCT OF AUTHORITIES

WE now come to the second point. How far do the medical and clerical opponents of family limitation carry out the principle they profess ? It is surely common knowledge that nowadays the majority of medical men and clergy, like other educated people, have decidedly small families. But those who do not remember the large families of thirty-five years ago may suppose that this is an automatic result of their higher culture, etc. Unfortunately, however, apart from records in fiction such as given by George Eliot and many others, we have in the enquiry made on behalf of the National Life Assurance Society by Mr. C. Ansell in 1874, just before the Knowlton Trial, a definite statement which gives the following table of average families in various professions :—

Profession.	Total Results including Still-born.	Born Alive.
Clergymen	5.36	5.25
Legal Profession	5.32	5.18
Medical Profession	4.96	4.82
General (Aristocracy, Merchants, Bankers, Manufacturers, etc.)	5.50	5.39

About the same time, according to the Registrar-General's Report for 1877 (p. vi), the average number of births to marriages was 4.63 for the whole of England.

The result of this enquiry is therefore to show that the families of both medical men and clergymen were then, on

an average, just as high as those of the remainder of the community ; or, in other words, that their fertility was in no way lower, despite their greater culture, than that of the poorer classes. But although no such exhaustive enquiry appears to have been made recently,* no one who observes can have the slightest doubt as to what has happened since. In Paris an enquiry made by Dr. Lutaud showed that 1,200 medical families had only 2,700 children between them, or an average of only 1.5. We have recently asked some friends to ascertain the number of children in medical and clerical families in their districts, with the result of finding very few families of more than three children in either case.

An interesting sidelight on this question was given by a friend quite recently. She had been staying in the country at the house of a young married couple who had felt that their means did not permit them to undertake a family. The wife of the local medical man was so distressed at this as to take the young woman to task. On the retort being made that she had only one child herself, she said that the cost of educating him made it impossible to have more, but that there was no excuse for the poor who had so much done for them. When the middle classes realise that they are heavily taxed for the large families of the poor, and that they have to limit their own families the more in consequence, they will be in a condition to fully appreciate this anecdote.

It is hardly worth discussing a matter which is so obvious to all, and we can only come to one of the following conclusions, so far as doctors are concerned : either :—

(*a*) they do not believe in the hygienic evils of artificial restriction, or

(*b*) they have methods which they consider satisfactory for themselves, but which are unknown to the public, or

* Possibly the detailed figures of the 1911 Census may give us the information, when they appear.

(*c*) that the evils, whatever they may be, are less than those of large families.

The only one of these alternatives which really concerns us is the third. Personally, I have every reason to believe that the majority of English medical men have no better knowledge on the subject than the most enlightened section of the public. But if they have, is it honest to condemn limitation because the public are ignorant of the best means? Is it not rather their duty to help the poor, who suffer so much from the burden of their large families, to a knowledge of the means which they use with so much success themselves?

Now we come to the clergy. Again the facts speak for themselves. Where among the married clergy do we find the large families of thirty-five years ago? Instead of an average family of five, as found by Ansell, this number is much more like the maximum, and two or three children is decidedly the usual order of things. It may of course be that this limitation is simply due to the "moral restraint" or "self-control" of the Bishop of London. But how is it that, just as with the rest of the community, it has only taken place since the Knowlton Trial? In a controversy which I had a few years ago with the Secretary of a certain clerical purity organisation, I became so disgusted at his methods of attack as to challenge him to institute an enquiry among the members of his Society, on similar lines to that carried out in the Fabian Society, by asking them to make a solemn declaration in each case as to whether they had lived lives of *complete* "self-control." In making this challenge, I pointed out that if he really believed in his mission and his supporters, he would welcome the suggestion, as affording the most effective means of showing the good example of the clergy, and the practicability of "moral restraint." The only result was a letter marked "private," abusing me for the suggestion. A month or two later, I read in a provincial

paper that this gentleman had attempted to recruit members for his Society at a local meeting; and that when he apparently found some hesitation among his audience, he stated that many might feel unworthy to join such a movement as they had not previously been able to live up to its high ideals. He would remind them, however, that by joining in the good work their past sins would be forgiven them. Are the sins, I would ask, which lead to the communication of loathsome contagious diseases to innocent women and to their helpless children to be wiped away by turning puritan in later life? Are those who have run the gamut of dissipation themselves and have treated women as mere ministers to their pleasure to turn round and condemn those who are undertaking married life in a responsible spirit, refusing to burden their wives with the pain and anxiety of unlimited child-bearing and to bring children into the world regardless of their probable future prospects? And are the lives of countless young men and women to be ruined by the hypocrisy that sets up a standard of life which violates all the needs of their physiological organisation, and which inevitably leads a large number to have recourse to really injurious practices, instead of the pretended one of artificial limitation? No wonder my challenge was evaded.

Among the chief weapons which the clerical party has employed against family restriction are the appeals to women that such restriction is degrading to them, that it results in premature old age, and that it may dispose to cancer and other diseases. With this question of disease we will deal presently. But the opinion of women as to whether they are more degraded and prematurely aged by restriction or by unlimited child-bearing, may be to some extent gauged by the experience of New Zealand, where women have been voters since 1893. Towards the end of 1910 a Conference on Public Morality, consisting apparently of six clergymen with Bishop Julius as chairman, forwarded

the following resolution to the Government of New Zealand :—

"Preventives :—We, ministers of the Gospel, assembled in conference, hold, that, except in special cases, which can only be pronounced upon by medical authority, the use of preventives is absolutely immoral ; But in view of their unrestricted sale, which encourages immorality, and is tending, in our opinion, to an alarming decrease of the birth-rate of the Colony, we recommend : (1) That the sale of preventives be restricted to qualified chemists ; (2) That the sale of preventives to any person under twenty-one years of age be subject to penalty ; (3) That the hawking of preventives be made a criminal offence ; (4) That the wholesale dealers in preventives, whether such preventives are imported or manufactured within the Colony, be required to keep a register of their sales ; (5) That any advertisement of notification of preventives, except in trade catalogues, be made illegal."

At that time it appeared that the hawking of such devices was quite common all over New Zealand. The birth-rate was at its lowest, 25 to 26 per 1,000. There can be no doubt that restriction was almost universal. But the feeling of the women as well as of the men of New Zealand on the question was shown by the fact that when a Bill was introduced by Mr. Seddon in the Parliament of 1901, under the title of "The Sale of Preventives Prohibition Act," proposing penalties of fines or imprisonment upon those found guilty of selling "any contrivance for hindering, or preventing, conception," it was thrown out after a brief discussion. It is said that women took a prominent part in the agitation against this Bill ; and in any case, as Women's Suffrage had been granted eight years previously, women had every opportunity of getting their wishes attended to. The death-rate and infantile mortality in New Zealand have continued to be the lowest in the world, and the rate of increase of its population nearly the highest, owing to the excellent health of its people. (See Fig. 6 on page 65.)

CHAPTER IV

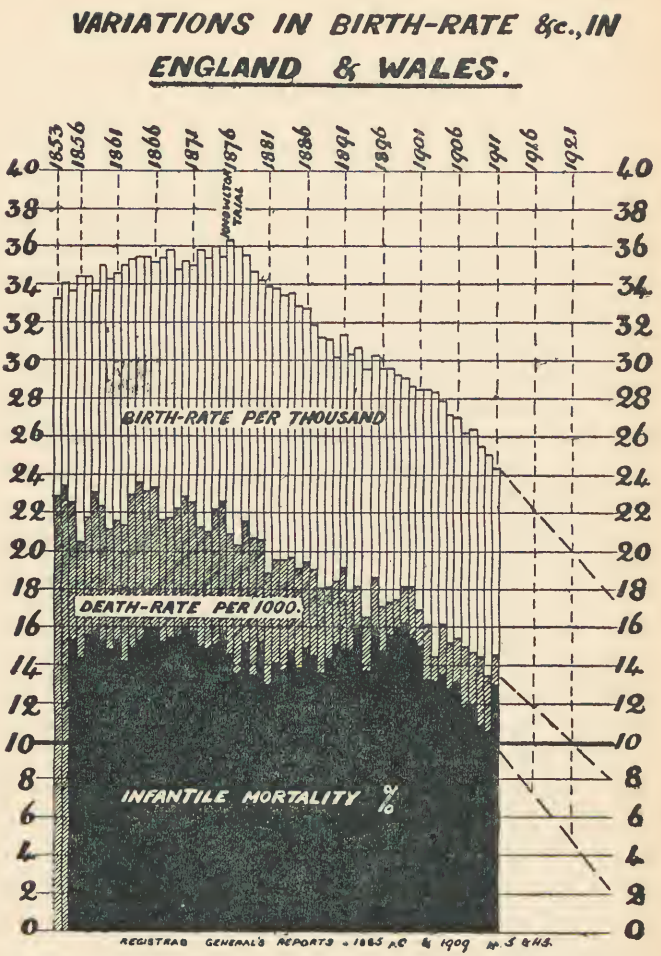
THE PUBLIC HEALTH

THE best approximate guide to the progress of the general health of the community is the variation of the death-rate. In the Annual Report of the Registrar General of Births, Deaths and Marriages for England and Wales, tables are given showing how both the birth and death rates and the infantile mortality have progressed in no less than 29 countries over the world. The results, when put into the form of diagrams, are most striking, and enable us to come to a very definite conclusion as to the effect of family limitation.

If "artificial" limitation of births were productive of either direct physical, or even moral, injury to the community, the result should have been a rise of the death-rates—either by the increase of disease, or of crimes or accidents. It will have been noticed, however, that, although the announcement has been made with monotous regularity in recent years that each successive birth-rate was the lowest on record, it has been followed, no less monotonously, by the statement that the death-rate was also the lowest yet recorded. When we add to this the lament of the *British Medical Journal* that the prospects of the medical profession are declining, owing to the fewer births and the consequently improved health of the children, we may suspect that there is not much wrong with the world.

Let us now turn to the facts concerning the death-rate, remembering that these are more accurately known than any other social phenomena. The annexed diagram, Fig. 1, shows the variation of the birth-rate, the death-rate, and

Fig. 1.



the infantile mortality in England and Wales. The birth-rate for each year (the number of births for each thousand of the population) is represented by a white strip; the death-rate (the number of deaths per thousand) by a

shaded strip, partly covering the white strip, and the infantile mortality (the number of infants out of each hundred born who die before the age of one year) by a black strip. Such a diagram enables us to see at a glance both how the birth-rate and the health of the community are varying, and how the population is naturally increasing. For example, if we take the year 1861 we see that the birth-rate in that year was 34½ per 1,000, the death-rate 21½, and the infantile mortality a little over 15 per cent. Also, that since there were between 34 and 35 births for each thousand people, and between 21 and 22 deaths, there was an excess of 13 births over deaths per 1,000, or that 1,000 people increased to 1,013 people in the year. This is represented by the amount of the white strip visible above the shaded strip, enabling one to see at a glance, by watching the length of the white portion, what effect the change of the birth-rate has had upon the rate at which the population increases.

Now if we study what has happened in our own country, we see that from the year 1853 (when accurate statistics began to be kept) up to 1876, the birth-rate rose fairly steadily from a little over 33 to more than 36 per 1,000. In 1876, however, commenced the famous trial of Mr. Bradlaugh and Mrs. Besant for publishing the Knowlton Pamphlet. It attracted enormous attention to the question and means of family limitation, and the result was the instant setting in of that rapid and steady decline of the birth-rate which we now hear so much about. In 1910 the birth-rate had fallen to as low as 25 per 1,000, and it has since gone lower still.

Let us now examine the variation of the death-rate. If family limitation is so terrible from the medical and moral point of view as the South Western Medical Association or as Dr. Taylor made out, we ought to have seen a rise in the death-rate from 1876 onwards. But the facts are all the

other way. Before this date the death-rate was rising and falling, but was certainly showing no definite sign of a tendency to decline; while from a date somewhere about that time a rapid and *steady* fall has set in. So great has been this fall in the death-rate, that it has almost made up for the loss of births, *and the population of this country is now increasing almost as fast as it did before the fall of the birth-rate set in* although something like 400,000 fewer births now take place every year than if the birth-rate of 1876 had been maintained. It would be hard to imagine a more absolute contradiction to the impression given by the resolutions of the doctors and bishops. The only possible justification for these resolutions in the face of this fact would be a belief that the improvement is due to the strenuous fight of the medical profession and of modern sanitation to counteract the evil effects of this terrible innovation. If there were any grounds for this belief we should certainly have to congratulate them on having most successfully dealt with these evils by turning them into blessings. In this connection it should be mentioned that the Public Health Act was passed in 1875, and most hygienists attribute the decline of the death-rate to the era which it inaugurated. Even if we granted it, we are forced at least to the conclusion that modern hygiene is fully competent to rectify all the evils supposed to arise from artificial prevention—a result which is at all events reassuring.

Turning to infantile mortality, we find that it oscillated at a figure of about 15 per cent. up to somewhere about 1875 or 6, after which there was an improvement for a few years. It then rose to about its former level, or a little higher in 1900. Since then it has plunged down very rapidly, so that it is now only about 10 instead of 15 per cent. Again, although one could wish it much lower, there is no sign of any evil result to infantile life, either from disease engendered by artificial restriction, or from the supposed degeneration of

maternal feeling and care which is claimed to follow such "unnatural" practices, or from the higher education of women.

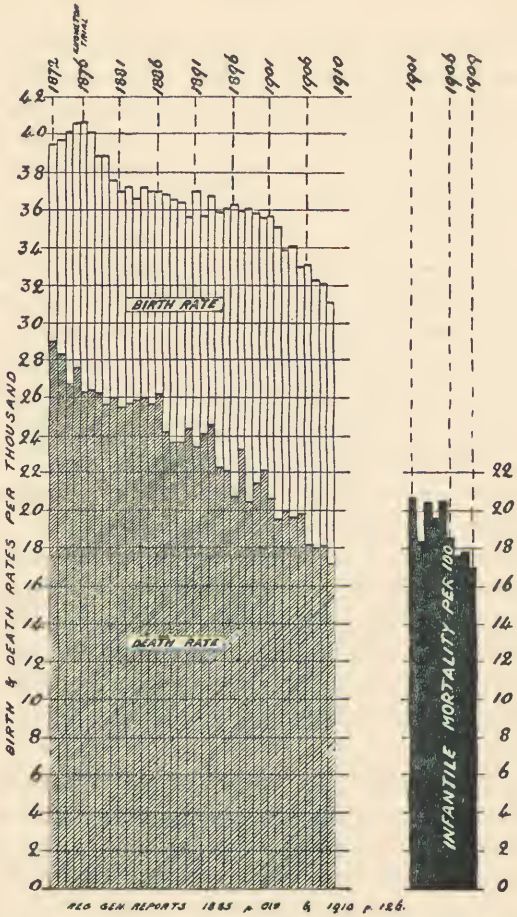
There is no getting away from these facts. Even if the whole medical profession were unanimous in condemnation of artificial restriction, it could not weigh one iota in the balance against evidence which is so incontestable as that of the death-rates; unless it could be shown that there has been an increasing struggle amongst the medical profession to preserve the health of the middle classes, who practise this limitation—a contention which is hardly maintained by the claims of the profession itself. The one objection which is occasionally urged against the death-rate criterion is that it ought to be "corrected" to allow for alterations in the proportions of young and old people, etc. in the country; but "corrected" figures (whenever they are available) always show that the differences from the "crude" death-rates are very small in comparison with the great improvement which has followed the fall of the birth-rate.

In order to come to a just conclusion upon this all-important point, it will be well to obtain evidence from other countries. As before stated, the Registrar-General gives particulars in his annual Reports of twenty-nine countries, but as it would over-load the present small volume to deal with them all, we will take a few of the most notable examples.

Germany.—The German Empire, having only been formed after the war of 1871, does not give us a long period to deal with. But it will be seen from Fig. 2 that the birth-rate was rising very rapidly before the year 1876, and that it has since declined nearly as rapidly as our own. As its highest value was nearly 41 per 1,000, or nearly 5 per 1,000 higher than the highest figure for England and Wales, the German birth-rate has always been in excess of our own, although declining similarly. In this case we find that the death-rate

GERMAN EMPIRE.

FIG. 2.

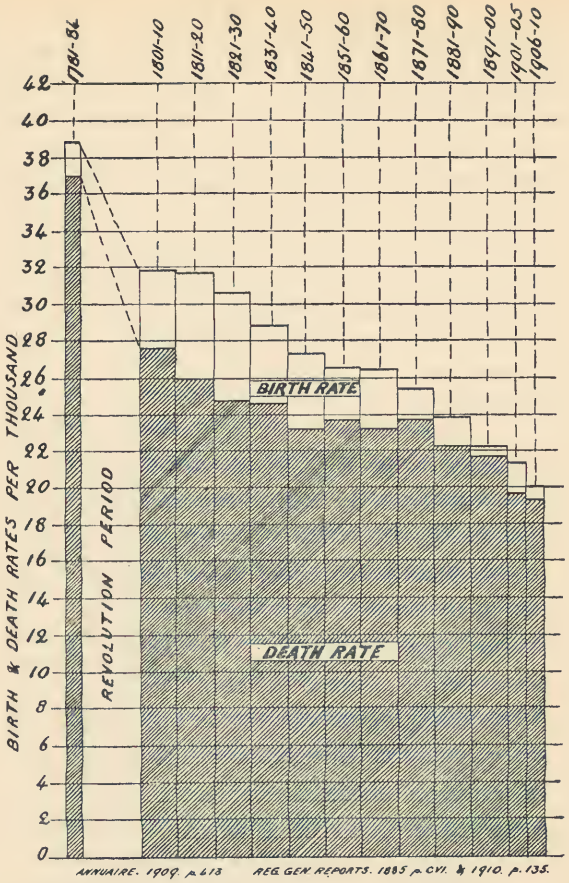


has rapidly fallen over the whole period, and indeed to a greater extent than the birth-rate, so that the excess of births over deaths has been getting larger and larger as the birth-rate falls. Surely again this hardly bears out the con-

tention that the limitation of births has been attended with disastrous results either from the point of view of health or of the vitality of the people. It will be noticed also that although the German birth-rate is higher than our own, its death-rate is decidedly higher (instead of being lower) and its infantile mortality very much higher. Instead, therefore, of Germany having an advantage over us in consequence of its lesser restriction of births, it appears that the health both of its general public and of its infants is much behind ours, despite the praises of the German *hausfrau* as compared with her more emancipated and less prolific English sister.

France.—We now turn to one of the most interesting countries in connection with this question. France is continually held up to us as the example of an effete and "dying" nation, owing to the fact that it has the lowest birth-rate known, and that it occasionally has fewer births than deaths in a year. It is also of special interest because it is one of the very few countries in which "artificial restriction," as distinguished from celibacy or late marriage, had been systematically practised long before the Knowlton Trial of 1876. In fact it started almost immediately after the Revolution. In Fig. 3 we see the course of the birth and death-rates in France from 1781 onwards, taken from the official Annuaire. In 1781-84 the birth-rate of France was 38.9 per 1,000, higher than any value recorded for our own country, and nearly as high as the highest recorded in Germany. It has since fallen to 21.1 in the period 1901-06, or by the large amount of 17.8 per 1,000. But now observe what has happened to the death-rate. In the period 1781-84, before the Revolution, the death-rate was no less than 37.0 per 1,000, and it has since fallen to 19.6 per 1,000. In other words a fall in the birth-rate of 17.8 per 1,000 has been accompanied by a fall in the death-rate of 17.4 per 1,000, or of a practically equal amount, *so the rate of increase of the*

FIG. 3.—**FRANCE.**



French population is hardly any lower now, with a birth-rate of 21 *per* 1,000, *than it was with one of* 39 *per* 1,000.* During the period of the declining birth-rate the average duration of life in France has doubled, and the progress of its population has not been checked. The explanation of the very slow

*Since this was written the figures for 1906-10 have come to hand, and are shown on the diagram. The increase has been rather smaller during that quinquennium, but it is not a decline as has been so often stated.

rate of increase of population in France both at the end of the 18th century and to-day is probably that France was the most civilised and densely populated country in the Middle Ages, and had already come nearly to the limit of its agricultural productivity. At the same time it has apparently no store of minerals which would enable it to compete successfully with the industries of England and Germany. After the Revolution the feudal system was destroyed and the land became better distributed among the people. This somewhat increased the output of food, so the death-rate fell faster than the birth-rate, and the population increased more rapidly. After 1830, however, this advantage began to be used up by the increased population, and the country has returned to the position of very slowly increasing its production and population. There is no doubt that the health of the French people has enormously improved during the whole period of the falling birth-rate, and that its population has not been checked thereby—although the bulk of the limitation in France has admittedly been carried out by a method which has been specially denounced by both theologians and doctors. If anyone contends that artificial limitation of families is injurious and degrading to women, the example of the French women (of the middle classes and provinces as distinguished from the gay set of Paris) ought to prove a corrective. There are few countries in which women exercise so much authority, in which they are so strong and free from nervous disorders, and in which maternal affection and love of home are so strong.

Holland.—The only other example we need give of a European country with a falling birth-rate is that of Holland. This country is chosen, not because it shows an exceptionally great decline in the birth-rate, but because, wonderful to relate, *the Society which has sought to instruct the poorer classes as to the means of restriction (through the agency of medical men and midwives) has had the countenance of ministers of State*

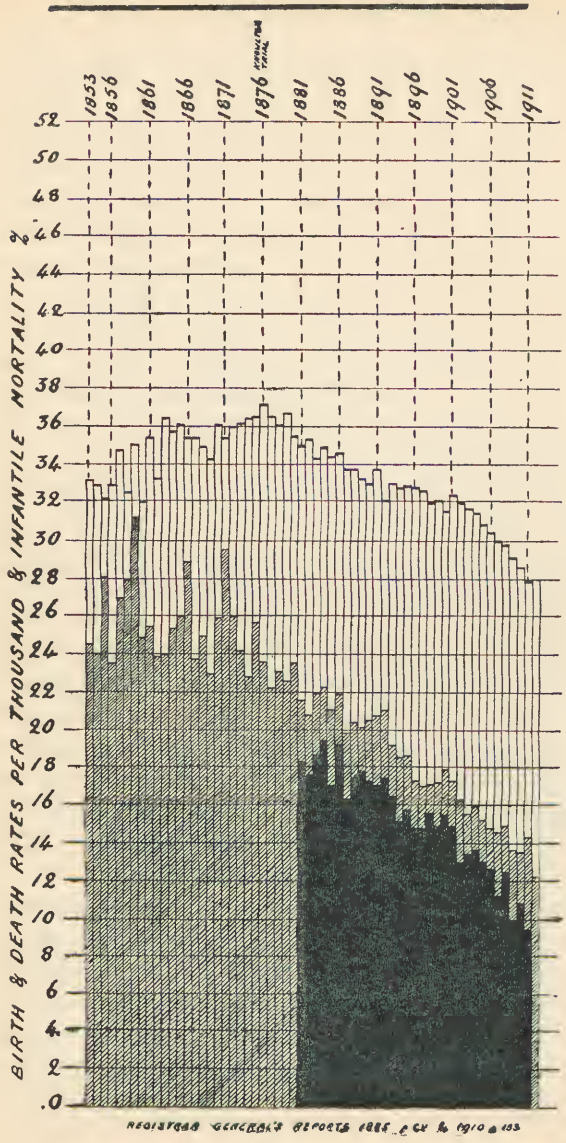

NETHERLANDS.
1853
1856
1861
1866
1871
1876
1881
1886
1891
1896
1901
1906
1911
52
50
48
46
44
42
40
38
36
34
32
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
.0
BIRTH & DEATH RATES PER THOUSAND & INFANTILE MORTALITY %
REGISTRAR GENERAL'S REPORTS 1885 & CH to 1910 & 103

FIG. 4.

and has been recognised by royal decree since 1895 *as a society of public utility*. The essential point in this connection is that Holland is the only country in which artificial restriction has been extended to the poor, instead of, as in other countries, being adopted by the rich and educated classes only. As the diagram in Fig. 4 shows, the birth-rate rose as usual to the year 1876, when it was about 37 per 1,000, and has since fallen steadily to about 29. But it will be observed that the death-rate and infantile mortality have fallen more rapidly and satisfactorily than in any other country—so much so, indeed, that the excess of births over deaths is increasing astonishingly. At the same time there seems to be little or none of the physical deterioration which we hear so much of in England and Germany and many other countries. Holland is the one and only country where some members at least of the medical profession have openly approved and helped to extend artificial restriction; and not only has its health, as shown by its death-rate and infantile mortality, improved faster than in any other country in the world, but it was stated at the recent Eugenics Congress that the stature of the Dutch people was increasing more rapidly than that of any other country—by no less than four inches within the last fifty years. According to the Official Statistical Year Book of the Netherlands the proportion of young men drawn for the army over 5 ft. 7 in. in height has increased from 24½ to 47½ per cent. since 1865, while the proportion below 5 ft. 2½ in. in height has fallen from 25 per cent. to under 8 per cent. The explanation is, without much doubt, that the medical co-operation in Holland enables the Dutch people to employ the most hygienic methods of limitation; and in the second place that the knowledge of such methods by the very poor enables them to have smaller families which they can look after better, and also prevents that recruiting of the race mainly from the poorest and most reckless classes which is so often

deplored in England. One of the factors in this admitedly unfortunate circumstance is that the educated classes tend to limit their families unduly on account of the heavy taxation for the education and support of the large families of the poor. There is no doubt that in Holland, where the poor are taught to restrict, the families are not so much reduced among the wealthier people.

Australia and New Zealand.—These two countries form a remarkable culmination to the examples of declining birth-rates (see Figs. 5 and 6). In both of them the means of artificial restriction are in free circulation, and the restriction of families is almost universal. Mr. Octavius Beale in his *Racial Decay* waxes especially eloquent over the terrible degeneracy of these countries. In 1888, however, when Mrs. Annie Besant's *Law of Population* was prosecuted in Australia, Mr. Justice Windeyer, in a judgment delivered in the Supreme Court of New South Wales, most strongly upheld the book as necessary and valuable.*

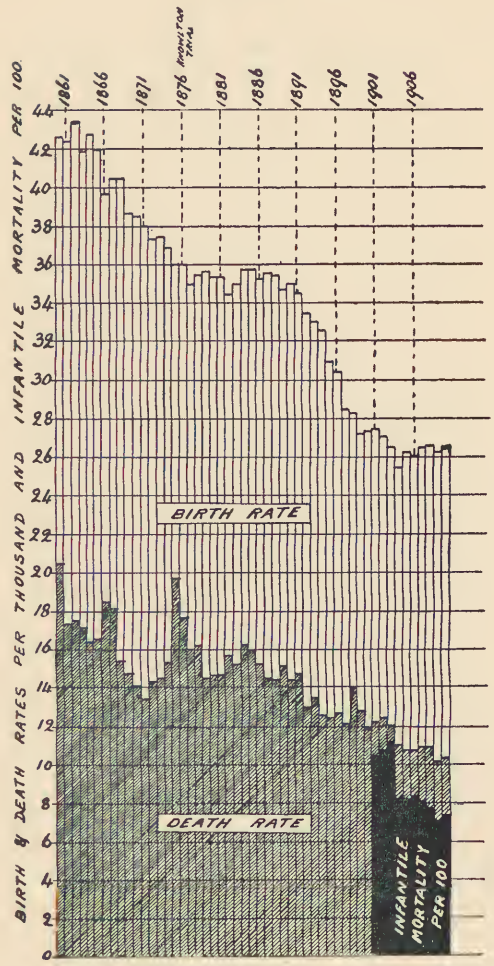
The following extract from this judgment forms a sharp contrast to the views we are generally accustomed to hear expressed :—

"A court of law has now to decide for the first time whether it is lawful to argue in a decent way with earnestness of thought and sobriety of language the right of married men and women to limit the number of children to be begotten by them by such means as medical science says are possible and not injurious to health. Of the enormous importance of this question, not only to persons of limited means in every society and country, but to nations, the populations of which have a tendency to increase more rapidly than the means of subsistence, there cannot be the slightest doubt. Since the days when Malthus first an-

* Mrs. Besant repudiated this book after her conversion to Theosophy. But she has recently written that "if the premises of Materialism be true, there is no answer to the neo-Malthusian conclusions. . . . Not until I felt obliged to admit that neo-Malthusian teaching was anti-Theosophical would I take this step."—*Theosophy and the Law of Population.*

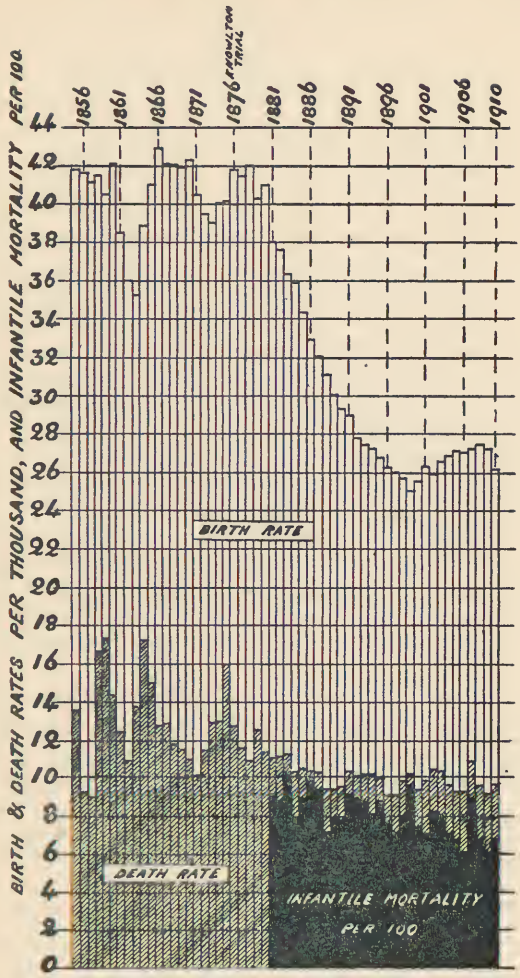
AUSTRALIA
(Commonwealth).

FIG: 5.



nounced his views on the subject to be misrepresented and vilified, as originators of new ideas usually are by the ignorant and unthinking, the question has not only been pressing itself with increasing intensity of force upon thinkers and social reformers dealing with it in the abstract, but the necessity of practically dealing with the difficulty of over-population has become a topic publicly discussed by statesmen and politicians. It is no longer a question whether it is expedient to prevent the growth of a pauper population, with all its attendant miseries following upon semi-starvation, overcrowding, disease, and an enfeebled national stamina of constitution ; but how countries suffering from all these causes of national decay shall avert national disaster by checking the production of children, whose lives must be too often a misery to themselves, a burden to society, and a danger to the State. Public opinion has so far advanced in the consideration of a question that has become of burning importance in the mother country by reason of its notoriously increasing over-population, that invectives are no longer hurled against those who, like John Stuart Mill and others, discuss in the abstract the necessity of limiting the growth of population ; but they are reserved for those who attempt practically to follow up their teaching and show how such abstract reasoning should be acted upon. It seems to be conceded by public opinion, and has indeed been admitted in argument before us, that the abstract discussion of the necessity of limiting the number of children brought into the world is a subject fitting for the philosopher and student of sociology. The thinkers of the world have so far succeeded in educating it upon the subject, and public attention is so thoroughly aroused as to its importance, that every reader of our English periodical literature knows it to be constantly discussed in magazines and reviews. Statesmen, reviewers, and ecclesiastics join in a common chorus of exhortation against improvident marriages to the working classes, and preach to them the necessity of deferring the ceremony till they have saved the competency necessary to support the truly British family of ten or twelve children. Those, however, who take a practical view of life, will inevitably ask whether the masses, for whose benefit this exhortation is given, can be expected to exercise all the powers of self-denial which compliance with

NEW ZEALAND (Fig. 6).



it would involve. To what period of life is marriage to be postponed by the sweater in the East End of London,

earning his three or four shillings a day, without any hope of ever being able to educate, decently house, and bring up, eight or ten children ? The Protestant world rejects the idea of a celibate clergy as incompatible with purity and the safety of female virtue, though the ecclesiastic is strengthened by all the moral helps of a calling devoted to the noblest of objects, and by every inducement to a holy life. With strange inconsistency, the same disbelievers in the power of male human nature to resist the most powerful instincts, expect men and women, animated by no such exalted motives, with their moral nature more or less stunted, huddled together in dens where the bare conditions of living preclude even elementary ideas of modesty, with none of the pleasures of life, save those enjoyed in common with the animals—expect these victims of a social state, for which the educated are responsible if they do not use their superior wisdom and knowledge for its redress, to exercise all the self-control of which the celibate ecclesiastic is supposed to be incapable. If it is right to declaim against over-population as a danger to society, as involving conditions of life not only destructive to morals but conducive to crime and national degeneration, the question immediately arises, can it be wrong to discuss the possibility of limiting births by methods which do not involve in their application the existence of an impossible state of society in the world as it is, and which do not ignore the natural sexual instincts in man.

Why is the philosopher who describes the nature of the diseases from which we are suffering, who detects the causes which induce it and the general character of the remedies to be applied, to be regarded as a sage and a benefactor, but his necessary complement in the evolution of a great idea, the man who works out in practice the theories of the abstract thinker, to be denounced as a criminal ? "

We have already referred to the Conference on Public Morality instituted by distinguished clerical representatives in New Zealand in 1901 and to the fate of the attempt to restrict the circulation of preventive devices, although Bishop Julius had said in an interview with a representative of the *Christchurch Truth* : " Recent enquiry has proved a

very large sale of preventives in this city (Christchurch, N.Z.), also that they are manufactured in Christchurch, and that they are being hawked about from door to door." Mr. Beale has spoken of Australia as being in a very similar state. As such freedom is certainly much greater than exists in this and most other countries, Australia and New Zealand ought to be the most awful examples of physical and moral decadence.

But are they ? The fall of the birth-rate, of course, is most striking. In Australia it has fallen from 43.4 per 1,000 in 1862 to 25.5 in 1904, and it has since remained a little over 26 per 1,000. In New Zealand the decline did not definitely commence till 1878, but it has since been phenomenal, dropping to 25.2 in 1899, or by about 17 per 1,000 in 20 years. Since this it has revived somewhat, but this is due simply to a higher marriage rate, as the fertility rate (or number of births per thousand married women) has steadily continued to decline as follows :—

Year ...	1878	1881	1886	1891	1896	1901	1906
Fertility ...	337.2	313.3	295.5	276.3	252.1	243.8	227.6

But when we come to consider the death-rate, we are immediately confronted with the fact that Australia and New Zealand (see Figs. 5 and 6) are the healthiest countries in the world, whether regarded from the standpoint of general or of infantile mortality. Not only so, but even here the fall in the birth-rate has been followed by a small but decided improvement in the death-rate. How is it that, despite the lamentations of the prophets, the facts *will* persist in absolutely repudiating their contentions ? According to the statements of these moralists, Australia and New Zealand should compare with Sodom and Gomorrah in their resolute determination to pursue a course of iniquity. Yet we find them the most healthy and prosperous countries of the world, certainly among the most virile. Ex-President

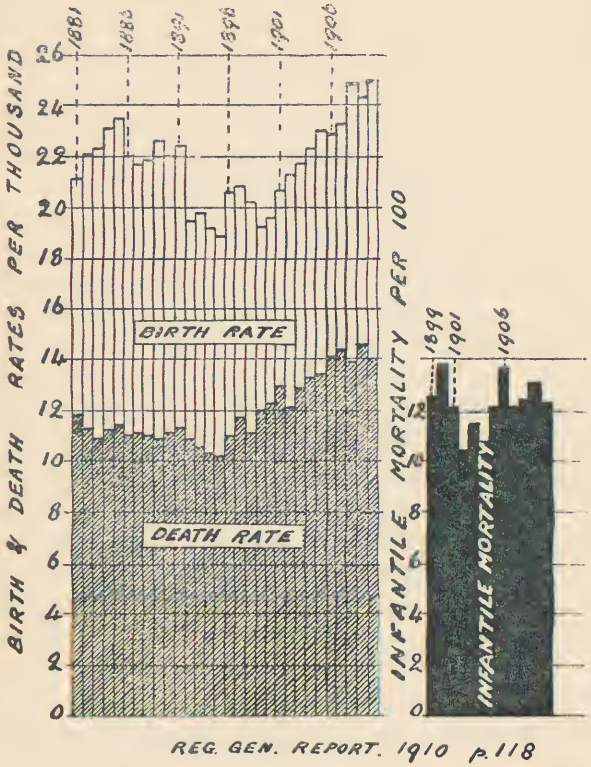
Roosevelt in his review* of Mr. Beale's book has told us that "the rate of natural increase in New Zealand is actually lower than in Great Britain, and has tended steadily to decrease." The *truth* is that the rate of natural increase (excess of birth-rate over death-rate) in New Zealand is nearly double that of Great Britain, and has also been growing steadily of late years. Mr. Roosevelt also informs us that in Australia, "even if the present rate were maintained, the population would not double itself in the next century." With the present excess of births over deaths of 16 per 1,000, the Australian population will double itself in 44 years, and increase 4.8-fold in a century. Such glaring misstatements will give our readers an idea of the way in which people are misled by those whom they are accustomed to look upon as authorities on such questions.

Since this was written the Bishop of London has been on a visit to Australia and has given forth similar views to Mr. Roosevelt at the Annual Meeting of the North-West Australia Diocesan Association. This repeated attack has at last been too much for the Australian Government, and the High Commissioner for Australia communicated a protest to the press. He pointed out that there were two sides to a birth-rate, the other being the number of infants who survive their first year of life. "If he [the Bishop of London] will look at the statistics he will find that while the crude birth-rate of Australia is comparatively low in the list, nevertheless, on account of the equally comparatively low death-rate, Australia stands at the very top of the list in effective natural increase."

Summary.—It is quite a fascinating as well as an extremely profitable study to deal with all the countries *in extenso*, but that will be done in a later volume. We can, however, call attention to the chief points in the following summary.

* Reproduced at the commencement of Mr. Beale's *Racial Decay*.

CANADA.
(Ontario).
FIG. 7.



Of the twenty-nine countries given in the Report of the Registrar General—

1. There are eighteen in which the birth-rate has fallen. In fifteen of these the death-rate has fallen by an amount nearly corresponding to the fall in the birth-rate; in two—New Zealand and Australia—the death-rate has only fallen slightly, but theirs is the lowest in the world.

2. There are four in which the birth-rate has remained approximately stationary (Russia, Roumania, Jamaica and Ireland). In these four countries the death-rates and infantile mortality have remained practically stationary (except that there may be a small fall of the death-rate in Russia). Russia with the highest birth-rate in Europe (nearly 50 per 1,000) has the highest death-rate, about 36 per 1,000, and the highest infantile mortality, 26 per cent. In the other three countries the general and infantile mortalities are lower, the lower their birth-rates.

3. There are four countries only in which the birth-rate has risen (Bulgaria, Ceylon, Japan and Ontario [Canada]). In every one of the four the birth-rate and infantile mortality have risen, and in close correspondence with the rise of the birth-rate. Is it not most remarkable (see Fig. 7) that even in Canada (a new and promising country whose prosperity is supposed to be somewhat retarded by insufficiency of inhabitants) a rise in the birth-rate has not increased numbers—except in the grave-yards ?

4. When we compare different countries or towns, or different parts of the same country or town, we find as a whole that high birth-rates are accompanied by high rates of general and infantile mortality, while low birth-rates are accompanied by lower mortality rates.

5. The two most extreme variations of the birth-rate which have been shown among the great towns, are in the case of Berlin, where it has risen from 32 to 45 per 1,000 between 1841 and 1876, and has since fallen to 21 per 1,000. The death-rate and infantile mortality have risen with the rising birth-rate and have fallen with its fall in almost exact correspondence, except for occasional irregularities due to war and epidemics.

Toronto, on the other hand, is the only example of a town in which the counsels of the moralists appear to have been taken seriously to heart, and which has returned to a

high birth-rate after joining in the general fall. *The death-rate fell step by step as the birth-rate declined—and to practically the same extent, but rose again immediately the birth-rate began to go up, and in* 1909 *was higher than in* 1880-85.

What do we learn from these incontrovertible facts ? Not only that medical science has succeeded in bringing down the death-rate when family restriction has been practised, but that it has utterly failed to do so when the birth-rate has been maintained. Worse still, in every case where the command to increase and multiply has been obeyed by more rapid reproduction, the whole power of medical science has failed to prevent the death-rate from rising. And in Toronto, where for some reason the people have stopped in their downward path and have restored their birth-rate to its former high value, they have been rewarded not by greater health, but by a steady increase of the death-rate. In face of this it is difficult to find words adequate to deal with the attempt of the medical profession to stem the tide of the declining birth-rate. If the aim of the medical profession is to allay suffering and to prolong life, the facts show that the whole profession is practically incompetent to effect this for the community as a whole, unless helped by family restriction.

There are those who will attempt to escape from this conclusion by appealing to " corrected " statistics, so it may be well to repeat that although the question is rendered more complicated by such modifications, the general conclusion is unaffected, or indeed strengthened, that family limitation is a decided advantage for the health of the community. France, for example, which is always held up as such a dreadful object lesson, comes out much better when its corrected death-rate is given.

CHAPTER V

DO PREVENTIVE METHODS CAUSE CANCER ?

SPECIAL reference must be made to this terrible disease as it appears to be increasing, and as opponents of family limitation, Mr. Beale especially, have sought to ascribe this increase to the practice of family limitation. Although he has brought together several instances of serious evils arising from abortion (probably mixed up with venereal disease) and of medical opinion connecting it with cancer, he does not seem to have been able to cite a single authoritative medical utterance associating cancer with preventive, as distinguished from abortifacient, practices. No suggestion of such a consequence appears in the addresses of Sir James Barr or of the President of the American Medical Association in their remarks upon the declining birth-rate, while with regard to the contention that mechanical devices* and the employment of antiseptic fluids† are provocative of irritation to the mucous membranes, the same might be said of artificial teeth, and of antiseptic mouth washes. If wrongly fitted, artificial teeth will cause serious irritation ; and an impure or too concentrated dentrifice may do the same. But that does not alter the fact that properly fitted artificial teeth, and suitable, regularly used mouth washes are powerful aids to health, and that they are safeguards against both irritation and disease. A very large number

* Is this contention ever advanced against the very similar mechanical devices which many women have, under medical advice, to wear constantly over long periods for displacements—the result of excessive child-bearing ?

† For as Dr. Rutgers has said, preventive methods and personal hygiene are almost equivalent.

of refined persons are wearing mechanical devices in their mouths sixteen hours or more out of the twenty-four, and are daily, or even more frequently, scrubbing the mucous membrane of their mouths with fluids that are sometimes identical with, and even more concentrated than, those employed for family limitation. The very antiseptic precautions recommended by medical men themselves for women after childbirth and at other times are practically identical with the best means for preventing conception. So far from conceding that anti-conceptional means are an evil, or a lesser evil than excessive and burdensome maternity, those who have studied the subject know that many of them are most beneficial and that they should be employed even when prevention is not desired, the only difference being the time at which they are used. This may seem a startling contention after the diatribes of Mr. Beale and his coadjutors, but when it is remembered that the majority of the public have no opportunity given them to differentiate between the good and the bad, and that every effort has been made to confuse harmless preventives with noxious abortifacients, it is not surprising that a strong case can be made out against prevention in general from the records of unfortunate ignorance. Indeed it is wonderful that such good results have followed, and they enable us to realise what splendid results should arise from a humane and intelligent extension of the knowledge. A quotation from a gynæcologist of the eminence of Professor Hector Treub, such as given on p. 14 of this book, is sufficient to show that no harm need follow preventive means. So the duty of the medical profession is not to denounce them indiscriminately, but to instruct the public in employing the harmless and beneficial methods.

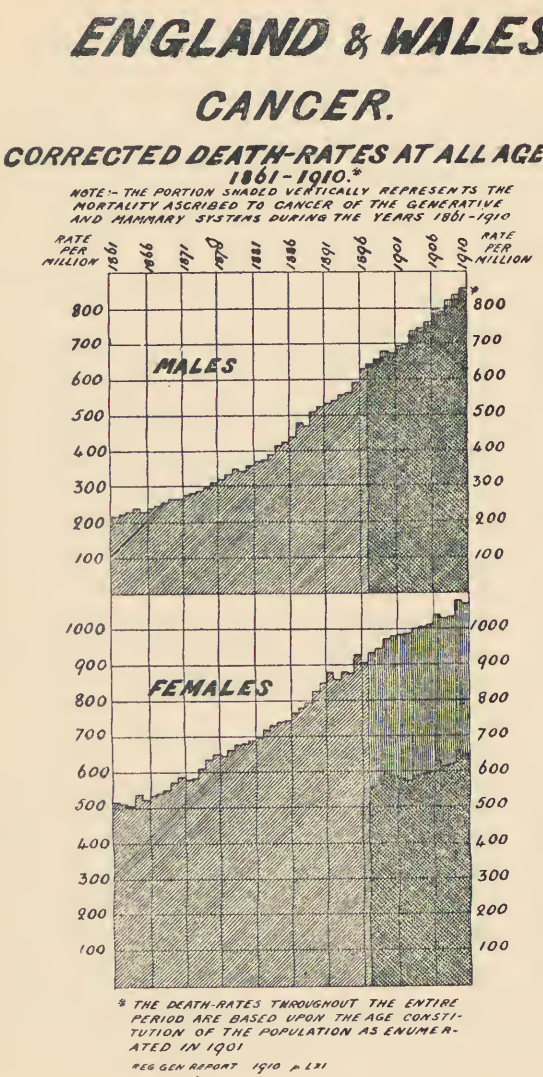
One more opinion on the subject of cancer may be given. In the fourth scientific report issued by the Imperial Cancer Research Fund, Dr. E. F. Bashford, the Director, says :—

"For the first time it is fully demonstrated that it is erroneous to make statements of a disquieting nature about the increase of cancer in general," and he points out, as has been frequently pointed out by neo-Malthusians, that an increase of cancer is naturally to be expected, since cancer is a disease of later life, and since the average duration of life is increasing. As the present writer has often argued, the reduction one by one of various diseases by prevention or cure must inevitably lead to an increase of the diseases that we have not yet learned how to prevent. Those who to-day live long enough to be attacked by cancer would, in the majority of cases, had they lived in years gone by, have succumbed earlier to small-pox, consumption and other scourges which have since been so greatly reduced in frequency. As all who are born must die sooner or later, the conquest of one disease after another means that more people will die of old age and of the unconquered diseases. As cancer is the most important of the latter, it is not at all surprising that it has increased. In fact, paradoxical as it may seem, the increase of cancer might actually be regarded as a sign of improvement rather than of deterioration of the health of the community, until the day comes, as we hope it soon will, when its prevention or easy and certain cure are arrived at.

So much for theory; now for facts. In Fig. 8 is reproduced the diagrams given for the variation of cancer by the Registrar-General in his Report for 1910, the figures being "corrected" for the age and sex distribution of the population in 1901. The rapidity of the increase is unquestionable, but there are certain features to be noticed about it.

Firstly, the increase of cancer, both in men and women, was taking place just as rapidly before the commencement of the decline of the birth-rate in 1876 as it has done since. The comparison between this period and that of the last fifteen years, 1894-1910, during which the decline of the

Fig. 8.


ENGLAND & WALES.
CANCER.
CORRECTED DEATH-RATES AT ALL AGES
1861-1910.*
NOTE:- THE PORTION SHADED VERTICALLY REPRESENTS THE MORTALITY ASCRIBED TO CANCER OF THE GENERATIVE AND MAMMARY SYSTEMS DURING THE YEARS 1861-1910
RATE PER MILLION
1861
1866
1871
1876
1881
1886
1891
1896
1901
1906
1910
MALES
FEMALES
800
700
600
500
400
300
200
100
1000
900
* THE DEATH-RATES THROUGHOUT THE ENTIRE PERIOD ARE BASED UPON THE AGE CONSTITUTION OF THE POPULATION AS ENUMERATED IN 1901
REG GEN REPORT 1910 p. L31

fertility rate has been most rapid, is clearly shown in the following table :—

	Cancer Mortalities.			Cancer Mortalities.		
	1861.	1876.	Per cent. Increase.	1894.	1901.	Per cent. Increase.
Males ..	220	320	44.5	560	855	34.9
Females ..	517	645	24.8	875	1,070	22.3
Birth-rate ..	36.4	36.3	5	29.5	24.8	—15.9

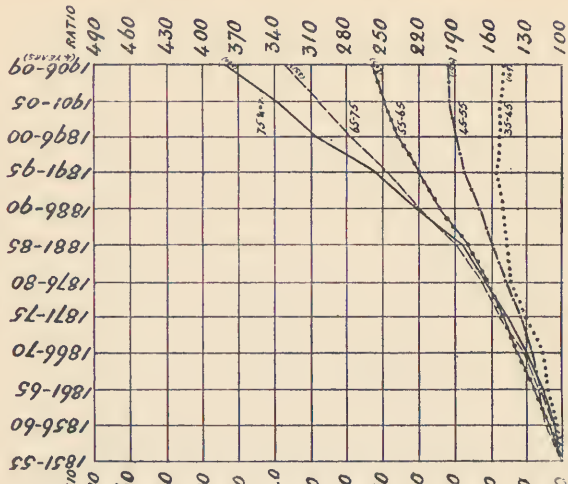
According to this, therefore, cancer among males increased by 45 per cent. when the birth-rate actually increased by 5 per cent.,* and has only increased by 35 per cent. during the last 15 years during which the birth-rate has fallen 16 per cent. For females, the rise of cancer mortality has been reduced from 24.8 to 22.3 per cent. with this change of the birth-rate. There is nothing whatever on the curves of cancer mortality to show the slightest influence of the sudden reversal in 1876 from a rising to a falling birth-rate, and there is no evidence here to show that the rise of cancer mortality would not have been the same if the falling birth-rate had never set in.

But the diagrams indicate more than this. They give us —unfortunately only for the past fourteen years—the mortality from cancer of the generative and mammary systems, which are, of course, the really important factors in the question. As regards males, the position is obvious ; cancer of the generative organs is extremely small, and shows no perceptible tendency to increase. On the other hand, as regards females, cancer of the generative and mammary systems forms a most serious proportion of the total, and it

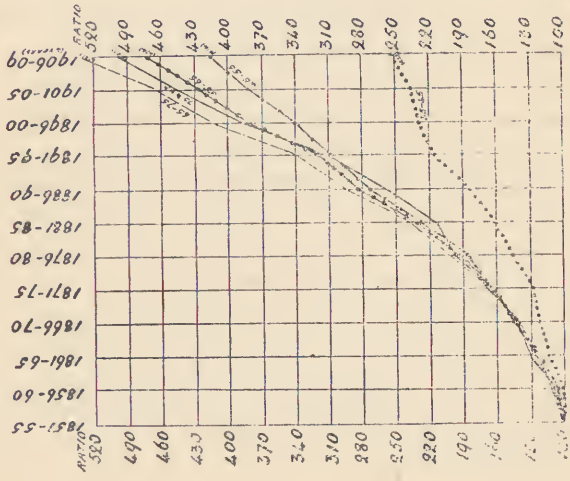
*Probably because premature deaths from violence and epidemics were decreasing.

VARIATION OF CANCER IN PERSONS AT DIFFERENT AGES.

WOMEN (Fig. 10).



MEN (Fig. 9).



is perhaps increasing a little faster than the general female cancer mortality. When we come to study the matter a little further, however, we find two interesting facts.

In the first place, the increase of cancer among women, instead of being greatest at the ordinary years of motherhood (as would have been expected if artificial prevention were responsible for it), is actually less and shows signs of being arrested. Figs. 9 and 10 are diagrams given by the Registrar-General for the increase of cancer mortality in men and women at different ages. From these we see at once that while among men (where cancer of the generative system is unimportant) the increase has been very rapid at all ages, among women (where cancer of the generative organs is important) there is actually an arrest of the increase up to the age of 45 (the end of the child-bearing period) and signs of a decline. It is only above the age of 65, long after any preventive methods have become unnecessary, that the increase of cancer among women is unaffected. It thus appears that, relatively to men and older women, the women at the child-bearing periods are positively benefitting rather than suffering by the new custom. When we remember that frequently repeated pregnancy and childbirth are themselves a serious source of irritation and of disorders, this result is by no means unintelligible.*

In the second place, the surmise just made is decidedly confirmed by the fact that the very organ which is the most concerned in the matter, is the only one in which cancer has not increased (at any rate during the last thirteen years), and in which it actually shows signs of a decrease. The Registrar-General's Report† contains diagrams showing the

* It is worth noticing that the women above 65 years of age among whom cancer has been principally increasing, *probably never used preventives*, as their child-bearing period must have ceased before the practice of prevention became at all general. This goes to confirm the statement just made.

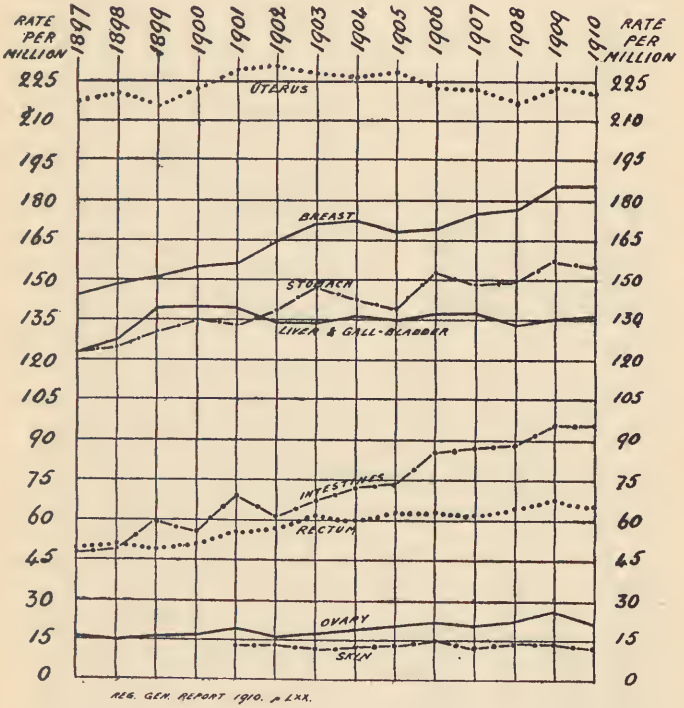
† Annual Report for 1909, p. lxxx.

ENGLAND AND WALES.

Cancer in various parts of the body.

MORTALITY AT ALL AGES, 1897-1910.

WOMEN (FIG. 11).

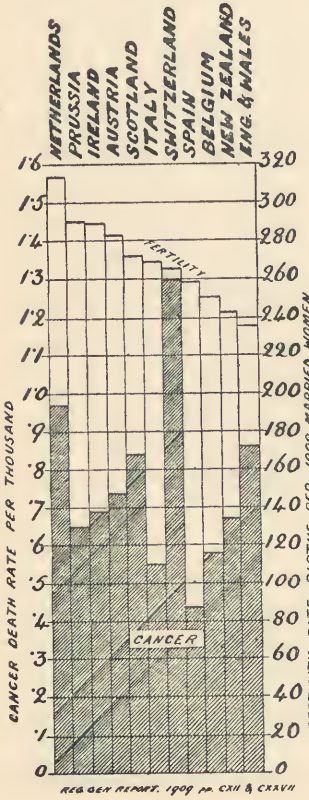


variation of cancer in various organs of the body in males and females since 1897. A glance at one of these (Fig. 11) will convince anyone that the case for connecting the increase of cancer with the employment of preventive devices breaks down at the most critical point.

Before leaving this subject, reference must be briefly made to other countries. It may be said as a general rule

that the increase of cancer has been noted in all countries—even in Ireland, for instance, where the birth-rate has remained practically constant for the past twenty-five years. In Holland, where, as has been said, artificial restriction has been largely taught to the poor, cancer has actually diminished during the past five years.

VARIOUS COUNTRIES.
Fertility and Cancer.
1901-1905.
FIG. 12.



France, with a birth-rate of 21 per 1,000 in 1901-5, had a cancer mortality of only .76 per 1,000 as against .95 in England and Wales, and 1.3 in Switzerland. Both of these countries had birth-rates of 28 per 1,000 at that time. The most satisfactory comparison, however, is that between the cancer mortality and the fertility rate, *i.e.*, the birth-rate compared with the number of married women. In Fig. 12 we have a diagram exhibiting this comparison for all the countries in which these particulars are given in the period 1901-5. This appears to show that there is practically no relation between the average amount of child-bearing and cancer.

Those who have read Mr. Beale's book will very probably feel, however, that all these statistics and reasoning do not affect the terrible examples he cites of disease following upon what he calls "conjugal frauds."

To this it may immediately be replied that Mr. Beale in his zeal has omitted to tell us two things: firstly whether the "conjugal frauds," which he alleges to have given rise to terrible consequences, were prevention or abortion; and secondly what was the real nature of these consequences. No one would be surprised to hear that terrible effects had followed from repeated induction of abortion, either by drugs or unskilled interference; and the Hungarian National Senate has warned us that such evils are due to ignorance of, and not to knowledge of, preventive methods. Again Mr. Beale ought to know that an immense amount of sterility and suffering are caused by horrible diseases which are the direct results of the fear of early marriage on account of the large families which naturally follow from it, and that the want of knowledge of preventive devices is thus directly responsible for such evils. When we add that the effects of such diseases are often hardly to be distinguished from those of cancer, even by experienced medical practitioners, it is easy to see that a strong case can be made out for the apparent production of cancer by preventive methods. Such evidence, therefore, appears to have very little weight in comparison with the positive evidence of the falling death-rate, and of the arrested increase of cancer in women at the period of motherhood, and in the generative organs, etc. It is also of very little weight in comparison with such negative evidence as the absence of any warning from the eminent medical authorities who have recently dealt with the birth-rate question. When we consider the anguish caused to millions of poor women by their eternal burden of bearing children one after another into wretched conditions and by seeing half of them die from want and unnecessary disease, some of us may have our own opinions of Mr. Beale's attempt to hound these poor mothers away from hope of relief by scaring them with the threat of cancer. Doubtless he would heartily subscribe to the words

of Luther: "If a woman becomes weary, or at last dead, from bearing, that matters not; let her only die from bearing. She is there to do it."

Prevention and Sterility.—Another favourite device of the opponents of artificial limitation is to claim that it leads to sterility, so that when couples who have employed preventive methods for some time wish to have another child they find themselves incapable of having one. How absurd this statement is is well known to those who have had experience of the subject. On the contrary there is some evidence that the fertile period is even prolonged by preventive methods, as cases have occurred when couples have abandoned preventive methods only after passing the end of normal fertile life, and have immediately had another child. This statement is confirmed by Dr. W. J. Robinson, the President of the American Society of Medical Sociology, in his *Practical Eugenics*, chap. III.

"Another argument is that the use of the means of prevention renders a woman sterile, so that when she afterwards wants to have children she cannot do so. This is absolutely and unqualifiedly untrue. Here is again confusion between prevention and abortion. It is true that repeatedly performed abortions may render a woman sterile on account of the inflammations and infections that abortions often set up. But properly used means of contraception have no such effect. Thousands and thousands of women use these means as long as they do not want to have any children; when they want a child they discontinue their use and very soon afterwards become impregnated."

CHAPTER VI

MORALITY

WE now come to the evidence concerning the actual moral effects of family restriction, and for this purpose we can appeal both to opinion and to facts. As regards opinion, it is hardly necessary to mention that several eminent persons who consider themselves entitled to speak with authority, unhesitatingly declare that we are undergoing a terrible moral decline, comparable with that which brought about the decline and fall of the Roman Empire. The words of Horace, *Vitio parentum, rara juventus*, are thought by them to apply equally to the present day. Among the chief expositors of this view are Father Bernard Vaughan and the Bishop of London in this country, Dr. J. Bertillon in France, and ex-President Roosevelt in the United States. The following quotations are the strongest denunciations we have read, emanating from each of these gentlemen in turn.

"With a sigh I look back to the early days of my boyhood, when the birth-rate, instead of being what it is now, was 37 or 38 per thousand. For my experience goes to show that, quite apart from the vaster questions involved, the larger the family the healthier and merrier the children. But the parents of to-day ridicule the notion of having big families. Instead of being proud, Society is becoming ashamed to own a nursery full of children. And motherhood, instead of being looked upon as a blessing, is regarded as a curse, and disregarded as a duty. . . . There is no wealth like human life—no health like that of an increasing population ; and the outlook for any country whose birth-rate is on a decreasing scale is black indeed. I wish I did not find in the story of our own times so many chapters that recall Gibbon's *Decline and Fall of the Roman Empire* ; but the

points of resemblance are so striking that no student of history can avoid comparing them." (Father Bernard Vaughan. "A Doctrine of Destruction," in *The Problem of Motherhood.* Cassell & Co.)

" In his charge to the clergy of the diocese of London at his annual visitation at St. Paul's to-day, the Bishop of London again referred to the question of the birth-rate.

" His lordship remarked that the birth-rate in 1905 was 27.2 per 1,000; in 1906, 27.1; 1907, 26.3; 1908, 26.5; 1909, 25.6; 1910, 24.8.

" In 1876 the birth-rate attained its highest point on record, namely 36.3 per 1,000, and since then it had fallen year by year.

" In Australia they found a similar fall for the last six years, but not quite so great.

" He could only repeat his words of six years ago: 'It is as completely proved as anything can be that the cause of all this is the deliberate prevention of conception.' "

To use the eloquent words of Professor Taylor, " This which was first encouraged in England some thirty-five years ago has gradually spread like wildfire among the middle-class population of the land, and the true wealth of the nation, 'the full-healthed, bright-eyed, and happy-hearted children,' have more or less gone down before it."

" Now it is to stem this gigantic evil," said the Bishop, " that I summon the forces of the Church to-day.

Let teaching be given in suitable ways and at suitable times on the responsibility which married life entails, on the glory of motherhood, and the growing selfishness which thinks first of creature comforts, of social pleasures, and then of the ordinary duties and joys of life.

It is all part of this miserable gospel of comfort which is the curse of the present day, and we must live ourselves and teach others to live the simpler, harder life our forefathers lived when they made Britain what it is to-day, and handed down a glorious heritage, which unless we amend our ways, must surely slip from our nerveless fingers." (*Evening News*, 12th October, 1911).

Now we come to Mr. Roosevelt :—

" Even more important than ability to work, even more important than ability to fight at need, is it to remember that

the chief of blessings for any nations is that it shall leave its seed to inherit the land. The greatest of all curses is the curse of sterility, and the severest of all condemnations should be that visited upon wilful sterility. The first essential in any civilisation is that the man and the woman shall be the father and mother of healthy children, so that the race shall increase and not decrease." (Lecture at the Sorbonne, April, 1910, quoted by the *Daily Chronicle* of April 25th, 1910.)

As a matter of fact, however, few people seem to have committed themselves to a definite assertion that the morals of the nation are really deteriorating, although it is frequently insinuated that the limitation of births must certainly be causing them to do so. Here, for example, is a recent utterance from Canon J. W. Horsley's just published work, *How Criminals are Made and Prevented*:—

"Infecundity is the symptom and the cause of a decomposing Society. The violation of Nature's laws and the prostration of Nature's ends must always create their own Nemesis, and that not merely in the region of economics, but in that of general morality; for as Professor Nitz says, 'when pleasure is desired and sought for its own sake, without the responsibility and consequence of having children, matrimony loses its entire purpose, and becomes nothing else than a form of monogamic prostitution.'

Honour be to fecund marriages, honour to virtuous celibacy, but dishonour to all else. Not a word is to be said against child restriction, when necessary, by conjugal prudence, moral restraint, and self-denial in things lawful, as advocated by Malthus; but nothing is more dishonest than the claim of his authority by neo-Malthusianism or the Malthusian League. As Professor Flint says, 'Malthus would have disowned with horror the Malthusian League,' which has advocated and promoted with appalling success child restriction by genetic frauds, family suicide leading to racial decay. Marriages in the upper and middle classes are now made to be so sterile that quite an undue and dangerous proportion of the rising generation is formed of the lower and more ignorant population. Three crimes are common and increasing—the destruction of the seed, of

the unborn, and of the body. They only vary in accident; the criminal motive is the same. The disastrous effects to the race, to morality, and commonly to the health of the woman are the same. Nor can anyone pretend that in teaching the way of child-prevention he or she is not also making seduction easy by depriving it of the salutary fear of consequences."

And yet, after showing what a moral decline these practices must "inevitably" lead to, Canon Horsley has a chapter, in the same book, entitled "Are We Improving?" in which he confesses himself an optimist, and goes on as follows:—

"An improvement in general morality as regards its outward manifestation seems to me obvious. It must have been some twenty years ago when I heard a venerable man, Mr. Scott, the City Chamberlain, contrast the sights and the language of the streets at that time with what he remembered when younger, and he found reason to thank God for the great improvement. After twenty years I take up that parable again. Vice is to be found in the streets, if you search for it and know where to search; but it is not flaunted in our main thoroughfares and outside our railway stations as it used to be. Music halls are improved out of all knowledge, partly through the pressure of public opinion exercised through the L.C.C., and while the humour of most comic songs is such as to make the lover of literature, or even of sanity, to groan, it is no longer demonstrative or suggestive of foulness. . . .

"And certainly the common language of the street is another tongue compared with that of thirty years ago. Oaths and obscenity are now the effervescence of drunken quarrels rather than the Homeric epithets of normal speech.

"I can well remember too, when houses of ill-fame were thick in some streets in all boroughs, and the most persistent energy on the part of the Vigilance Society or of individuals (like my friend Canon Jephson in Lambeth) was necessary to induce Borough Councils to take reluctant action. Now, however, neither police nor civil bodies require urging from outside, and other boroughs besides my own are insistent in pressing magistrates to imprison brothel-keepers instead

of giving an ineffective fine, which used, at any rate, to be paid by an association of such folk."

Meanwhile the birth-rate goes on declining, and the middle classes, who are foremost in the matter of family limitation, are also foremost in the efforts to bring about these reforms !

It would, of course, be easy to call up a fairly strong array of opinion in favour of an advance in public morality, but it is not now proposed to do so, as we prefer to deal with facts. The above quotations have only been given in order to do full justice to the opponents of family limitation. But we cannot resist giving a few quotations from another part of the work of Dr. Bertillon, who appears to be alone among the opponents of family limitation in showing any capacity for collecting and assimilating real evidence. He gives us some particulars of a few cantons in France with high and low birth-rates. At Fouesnant in Brittany, where the birth-rate is extremely high, he informs us that the children are brought up in mud huts with the pigs, while the people can hardly write their own names. At Lillebonne on the Seine, an industrial canton, where the birth-rate has risen to 37 or 38 per 1,000 (higher than in almost any part of Great Britain, and equal to that figure which Father Bernard Vaughan so extols), the death-rate has not only increased to an equal extent and the infantile mortality enormously, but Dr. Bertillon mentions that while in the days of the low birth-rate they were careful and honest they are now careless concerning the future, live on credit, and that :—

" Several of them consume daily at the cabaret, or more frequently at home with their wives and families, enormous quantities of alcohol. It may sometimes happen that, retiring in a state of intense drunkenness, they engender nothing except for the cemetery. But what is certainly frequent, is that semi-intoxication combined with fatigue, inspires them with a profound indifference concerning the

responsibilities of the family which they produce, or rather renders them totally incapable of caring for it."

So that, according to such a denunciator of the falling birth-rate as Dr. Bertillon, the moral evils which are ascribed to France as a consequence of family limitation are shown to the most extreme degree among those who do not practise it. Now let us hear him concerning an industrial canton of low birth-rate, Condé sur Noireau. The people are "clean, honest, polite, economical, and peaceable," they save and they read a great deal. "Cases of drunkennness are not very rare, but chronic alcoholism is." . . . "They do not kill, they do not steal, they do not commit adultery—at least to the extent of being certain that there shall be no consequences—they do not squander their money, they do not resist the authorities, they insult no one, they never have revolts or nocturnal brawls, but they also very rarely have illegitimate children, they marry late or remain celibate, and only have too few legitimate children." He also speaks of their simple and healthy food in contradistinction to the unwholesome food of the inhabitants of Lillebonne.

Elsewhere in the same volume Dr. Bertillon quotes from the well-known writer, M. Arsene Dumont, concerning the inhabitants of the French islands of Ré and Oleron.

"Their only passions are very innocent; they are reading and dancing. The dancing, always decent, is the preparation for marriage; illegitimate births are very rare. One could not imagine manners more pleasant or more honourable. Nevertheless the birth-rate in these islands is among the lowest. It is because everyone there is more or less of a proprietor. Each person has some property to protect; each is ambitious for his children."

It must not be supposed that these passages have been abstracted from Dr. Bertillon's book to show one side of the case. They are perfectly representative of the evidence he gives. That he himself would admit this, is shown by the fact that he deplores all these evidences of prudence, and

expresses great pleasure at the reckless disregard of the future which leads to the " admirable " high birth-rates.

It has become the fashion to speak of the depravity of France, of her alcoholism, of her disregard for law and order, and of her terrible *crimes passionels*, and to ascribe them to the falling birth-rate. If this were the case it is obvious that these evils would be most intense where the process had gone furthest, *i.e.*, in the cantons of lowest birth-rate. But we have the authority of Dr. Bertillon himself to show us that it is just these cantons in which the greatest moral improvement has taken place ; and that where the French have obeyed the Church's command to increase and multiply, there alcoholism and crime abound. If we can judge from Dr. Bertillon's own evidence, France might escape from all these evils, not by avoiding the sin of family limitation, but by adopting it more universally.

The pictures given by Dr. Bertillon himself of the results of family limitation appear to be in striking contrast to those we would have expected from his comparisons with the decline of Rome. Are the hardworking, self-reliant, prudent and temperate peasants of those cantons of France where family limitation is most practised, comparable with the lazy, sullen, pauperised proletariat of Rome, dependant for their living on the bounty given them by their masters and wrested from others by war, and kept from rebellion by the *panem et circenses* distributed by their rulers ?

So convinced indeed is Dr. Bertillon that prudence, sobriety and education go with a low birth-rate, that he actually proposes legislation calculated to encourage irresponsibility, such as complete liberty of disinheriting some children for the benefit of others, so that large families would not involve the division of property as they do at present. This will hardly commend his advocacy of large families to lovers of justice.

We may now leave the realm of assertion and come to

those of fact. The term "morality" is, unfortunately, very loosely employed, some people using it in its larger sense of the general conduct in relation to the welfare of the community, while others restrict it to the very narrow sense of the relationship of the sexes. We must, of course, take the larger view here, although, as the question of family limitation is so intimately connected with marriage and sex relationship in general, we shall lay stress on sex morality. The most important items concerning general morality are those of crime, alcoholism and pauperism; while as regards sex morality we have to consider divorce, prostitution, illegitimacy, and venereal disease.

Crime.—In dealing with the question of crime, it must be remembered that this is a matter of law, and that the addition of new laws to the Statutue Book or the repeal of old ones may make a considerable difference.* The tendency of modern times is also certainly to reduce the severity of punishment. The best indication therefore appears to be the number of convictions, apart from the punishment awarded. Tested by this the moral progress of our own country is most satisfactory. According to Mulhall's *Dictionary of Statistics*, the number of convictions per million of the population has steadily fallen from 1,280 in the decade 1841-50 to 299 in 1896, and it seems to have dropped continuously since that time. The Report of the Commissioners of Prisons issued in 1911 says that the total number of offences fell from 152,511 in 1900 to 141,555 in 1909, despite the increase of population, while "in the year ending 31st March, 1912, the ratio of the prison population to the general public reached the lowest point within statistical record."

Here is an extract from the Commissioners' Report :—

"It is a matter for satisfaction that, in a year marked by

* The amount of crime, in fact, in a progressive community represents the difference between the progress of its laws and that of its actions.

so much social unrest, and in some places by disorder, fewer persons should come to prison relatively to population than in any year on record. The low prison population was maintained throughout the year, the daily average in local prisons being over 1,000 less than for the preceding year."*

They also call attention to a considerable diminution in Juvenile Crime, the convictions of male offenders between 16 and 21 having dropped from 18,000 to 8,000 in the past 20 years, and those of females from 4,000 to less than 1,000 in the same period.

Beyond the statistical evidence there has also been a most remarkable increase of the number of occasions on which white gloves have been handed to the judges on circuit. And after occasions of public rejoicings, such as the Coronation Festivities or the Bank Holiday celebrations, the press have informed us that the number of police court cases has been surprisingly small. There seems to be no doubt that, on the whole, respect for law and order is increasing in England at a very rapid rate; and although this improvement certainly started long before the decline of the birth-rate set in, all that concerns us is that it has been maintained during the whole of the decline.

Reference may also be made to Australia as having had the most rapid fall in the birth-rate of any country—from 35 to 26 per 1,000 between 1889 and 1908. According to the Official Handbook for Australia, the convictions decreased from 69 to 26 per 10,000 for the population from 1881 to 1908, or to a little more than one-third of its previous value.

In face of these two examples it is idle to pretend that family limitation predisposes to criminality, even if we admit (though there is strong reason to doubt it) that crime has increased in France in recent years. According to the French *Annuaire Statistique* for 1910, the number of convictions at the Assize Courts has steadily fallen from 3,900

* *Daily News Year Book*, 1913, p. 233.

per annum in the quinquennium 1873-77 to 2,180 per annum in the year 1908-9, while the population increased from 36.6 millions to 39.4 millions. The convictions per million of population have thus fallen from 106 to 55.5 per million, or to little more than half. Before the correctional tribunals they have increased from 5,050 per million in 1873-7 to 5,750 per million in 1893-7, but have fallen since to 5,150 in 1908-9.

Of course we are always hearing of the extreme leniency of the French courts and juries. But there has been a decided tendency to greater severity of late years, and yet the convictions are decreasing. In any case, family restriction commenced so long ago in France that it is no longer very rapidly extending; and apart from this, Dr. Bertillon's examples show that crime and other evils are associated with large families rather than with small ones. On the whole it may be confidently decided that family restriction has not in any way tended to increase the criminality of the people.

Alcoholism.—It hardly needs statistical evidence, as far as our own country is concerned, to show the improvement which has taken place in this matter. The immense strides which temperance and total abstinence have made of late years are surely patent to all. When we see half the guests at a public banquet to-day drinking mineral waters, while our grandfathers were proud of being "three bottle men," hardly any further evidence is needed. In fact statistics are of very little use here, as cases of drunkenness are now severely dealt with which would have been looked upon as amiable weaknesses a generation ago. Even so, the convictions for drunkenness seem to be steadily on the decrease. As regards the consumption of alcohol per head, the figures show a fall in the consumption of spirits from 1.23 gallons per head in 1876 to .8 gallon per head in 1909. The consumption of beer showed an increase from 27.6 gallons in 1881 to

33 gallons in 1898, the eve of the South African War, but it has since rapidly dropped to 26 gallons. On the other hand, deaths from alcoholism rapidly increased from 39 to 111 per million from 1870 to 1900, but they have since fallen extremely rapidly to 43 per million in 1909. It is clear that there is little relation between this phenomenon and the decline of the birth-rate. Indeed it is a somewhat curious reflection that the maximum consumption of spirits and beer, as well as the increased number of deaths from alcoholism, seem to have been evoked, not by the falling birth-rate, but by the very wave of imperialism and patriotism called forth by the South African War.

It has often been stated that the consumption of alcohol in France is increasing. It is certainly true that it is now higher than it was thirty-five years ago. But the official figures given in the *Annuaire Statistique* for 1910 show that the consumption of alcohol in drink has steadily fallen from 4.2 litres per head in the quinquennium 1888-92 to 3.48 litres in 1908-9. The fall has recently been practically as rapid as in Great Britain. According to Dr. Bertillon himself, alcoholism in France is specially great among the parents of numerous children ; and he agrees that this is a most serious factor in infantile mortality and degeneration. It is somewhat remarkable that when we are told that family limitation is due to selfishness and love of luxury, we find that it is the fathers of large families who indulge in excess of alcohol, while the fathers of small families frequently live the simplest and most abstemious lives.

As Dr. Bertillon says :—

"The alcoholic persons most often have very many children. I take this statement from a great number of doctors whom I have questioned on the birth-rate ; those of the Orne, a department where the drunkards are numerous, have affirmed it strongly. This may be understood ; it is through excess of prudence that the French do not have children ; but the drunkards are the least prudent of men."

Of course there are those who will not regard the consumption of alcohol as having much to do with morality; and there are no doubt many who will consider that if drunkenness leads to the *sublime imprévoyance* (to use Zola's phrase) of casting children on the world without consideration, it should be regarded as a virtue. But this view will hardly commend itself to the majority; and quite apart from any ordinary views as to the morality or otherwise of drinking, it appears to be established that any great consumption of spirits has a most seriously deleterious effect upon the quality of offspring, by poisoning the parental germ plasm.

Pauperism.—We need not dwell upon this question, as the amount of pauperism depends upon a large variety of circumstances. But it is satisfactory to note that pauperism in England and Wales, *i.e.*, the number of persons relieved annually per thousand of the population, has fairly steadily fallen from 34.5 in 1875 to 26.4 in 1910, or by 23.5 per cent. during the period of the declining birth-rate. This is so far reassuring, in that it indicates that the easier circumstances engendered by smaller families do not lead to idleness, as is frequently contended. The industry and saving habits of the French peasantry are world-renowned, and it is worthy of note that France is almost the only country in which the real wages of the working classes have been *increasing* of late years, while they have dropped 15 per cent. in this country, and nearly 25 per cent. in prolific Germany.

Sex Morality.—We now come to the great question of sex morality, and it is here that the denunciations are strongest, and here also that it is most difficult to obtain reliable evidence. The contention of the orthodox moralists is that the general knowledge of preventive methods tends to relax chastity in the unmarried, and that it lowers the standard of married life into one of legalised prostitution—thus tending to a lower respect for the marriage tie and to increase

of divorce ; and also that the mistakes made from carelessness in prevention lead to a greater frequency of abortion.

Such statements are very easily made, but not so easily either confirmed or disproved. Before taking such statistical evidence as is available, however, we should like to ask those who make such assertions whether they have ever paused a moment to compare (as Canon Horsley has done, see p. 86) the general standard of morals of to-day with that of thirty-five years or more ago ? The present writer does not claim to have a great deal of worldly experience, but everything he has ever read or heard shows most strongly that the code of sexual ethics a generation or two ago, though more rigid in name, was far less so in fact than that of our own times. It is a common mistake to suppose that because sex questions and evils are now openly recognised and discussed by both men and women, there are more of these evils than in the days when such things were never mentioned. Persons who take this view forget the famous dictum of John Stuart Mill that " the diseases of society can no more than corporeal maladies be cured without being discussed in plain language " ; and there are many who see in these discussions a much higher degree of purity than in the silence or innuendo of former times. Anyone who contrasts the after-dinner speech at a banquet to-day with that of even ten years ago will be forced to recognise that women are being held in increasing instead of decreasing respect, whatever Father Bernard Vaughan may say to the contrary. Where are women, and especially mothers, held in such esteem as in France and New England, where the birth-rate is lowest ? And when we see young men and women thrown into continual contact in all professions and industries, and observe their demeanour towards each other, will anyone seriously contend that there is really a greater degree of laxity in the relations of the sexes than in former times ? If Father Vaughan, President Roosevelt, and other

denunciators would turn their eyes from the "smart set" to the plain hard-working middle classes (where, be it noted, the fall of the birth-rate has been most marked) it would be impossible for them to talk as they have done. Family limitation may possibly have bred a love of ease and luxury, but it most certainly has not relaxed chastity in the unmarried, or decreased respect for womanhood.

Divorce.—It is here that the orthodox moralists have their strongest case, if not against family limitation in particular, at any rate against the tendencies of the times in general. Divorce is assuredly increasing in this and most other countries at a fairly considerable rate. Between the period 1876-80, just after the decline of the birth-rate set in, and the year 1909, divorces had increased from 22.1 to 41.5 per million of the population, or had practically doubled in frequency.* But it remained practically stationary during the fifteen years from 1881 to 1895, although the birth-rate was falling rapidly during the whole of that time. Since then however, divorce has rapidly become more common, and the same tendency is observable in practically all countries, even in Belgium, where the Roman Catholic Church still has a strong hold.

Those, therefore, who cling to the indissolubility of marriage, are justified in regarding the tendencies of modern times as decidedly in the wrong direction, and they are probably so far correct in coupling it with the spread of family limitation, that both these phenomena are due to the modern inclination to look at social questions rather from the point of view of earthly happiness than from that of ecclesiastical dogma. This is clearly shown by the recent majority report of the Divorce Law Commission. There is a large and increasing body of men and women to-day who

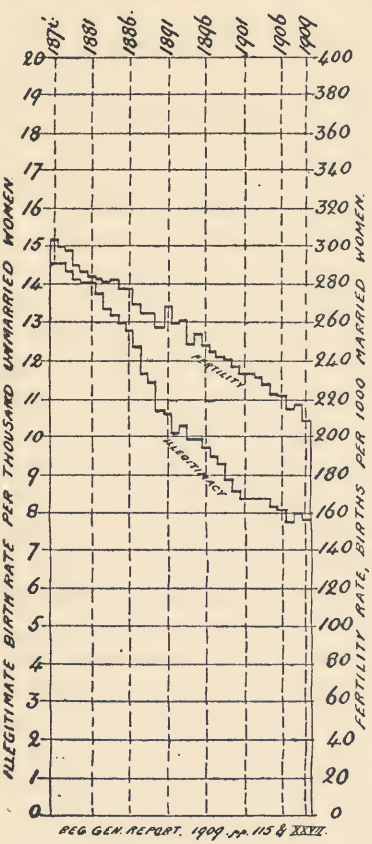
* Dr. Bertillon does not recognise any relation between divorce and the birth-rate, and points out that in Saxony, where the birth-rate is still extremely high (about 40 per 1,000), divorce is very frequent.

regard the spectacle of a refined and delicate woman tied to a brutal or unfaithful husband and condemned to bear weakly or diseased children, as infinitely more immoral than greater ease of divorce. In New Zealand, for example, the electoral power of the women has led to the establishment of the equality of divorce between the sexes, and a large increase of divorce has taken place as a consequence. But those who deplore this as immoral must have an extraordinary idea of the real interests of the human race.

The matter may be left for settlement between the advocates and opponents of easy divorce. One other important matter, however, should be referred to here. In the Judicial Statistics for 1909, Sir John Donnell mentioned that the greatest proportion of divorces took place among couples with no children, and that they were less in proportion as the families grew larger. Many newspapers have seized upon this as indicating the demoralising effects of family restriction. But childlessness is not only the result of restriction. It is frequently the result of the diseases caused by an irregular life before marriage. It would be surprising, therefore, if a large number of divorces did not take place among childless couples, for very few married people voluntarily remain without any children at all. Similarly, the restriction of families no doubt sometimes takes place on account of want of affection, or of later irregularities. And lastly, there is no doubt that a woman who has borne a numerous family is often bound, by want of means and by her maternal feelings, to endure a bondage which she would otherwise have broken for her own advantage and that of her posterity. Those who delight in the picture thus indicated, are welcome to their disapproval of the modern tendencies.

Illegitimacy.—As far as statistics are concerned, the most valuable evidence is that relating to illegitimacy. The Registrar General's Reports contain a useful amount of

ENGLAND AND WALES.
Fertility and Illegitimacy. FIG. 13.



information upon this point, and give us the number of illegitimate births per thousand unmarried women within the fertile period, between the ages of 15 and 45. This illegitimacy rate for England and Wales is represented in Fig. 13, and it is noticeable that the fall since the year 1876 has been extremely rapid, much more so in fact than that of the fall in the general birth-rate or in the fertility rate of the married women. While the general birth-rate has fallen from 36.3 to 25.6 (or by 26.5 per cent), the illegitimate birth-rate has fallen from 14.6 to 7.9 per thousand unmarried women (or by nearly 50 per cent.). This is most striking and satisfactory. An extreme instance is given in the county of Radnorshire, which in 1870-2 had a fertility rate of 308.6 births per 1,000 married women, which sank to 188.7 in 1909, or by 39 per cent. In the same interval the illegitimate birth-rate fell from 41.8 per 1,000 unmarried women to 7.2, or by no less than 83 per cent. In Holland a drop of the legitimate fertility from 347 to 315 per

1,000 coincided with a fall of the illegitimate fertility from 9.7 to 6.8 per 1,000, *i.e.*, at a much greater rate. It is true that France, with its low and decreasing fertility rate (from 196 to 158 per 1,000 between 1881 and 1901), has had a comparatively high and increasing illegitimacy rate (from 17.6 to 19.1 per 1,000); and that Ireland, with a somewhat high and slightly increasing fertility (from 283 to 289 per 1,000), has the lowest and a falling illegitimacy rate (from 4.4. to 3.8 per 1,000). But this has been heavily outweighed by Austria with an equally high and steady fertility (from 281 to 284 per 1,000) with the highest illegitimacy rate known (43.4 to 40.1 per 1,000), while Germany comes second with an illegitimacy rate of 27.4 per 1,000 in 1901. Though it cannot be said, therefore, that the lowest birth-rate produces the lowest illegitimacy rate, it most certainly cannot be said that family limitation has had any evil effect in increasing illegitimacy. The bulk of the evidence is quite decidedly the other way. In the case of the most notable exception—that of France—we have the authority of Dr. Bertillon for saying that the greatest decency and lowest illegitimacy are found where the birth-rate is lowest. We may also quote from our own Registrar General, who said in his Annual Report for 1909 :—

"Except in the cases of the German Empire, Sweden, France, Belgium, and the Australian Commonwealth, the falls shown in illegitimate fertility in Table LXXXIV are greater than the corresponding falls in legitimate fertility."

So far as the evidence of illegitimacy is concerned, therefore, it may be taken as definitely established that the adoption of family restriction has not led to greater laxity among the unmarried. But it would, of course, be quite unjustifiable to claim that this evidence is final. It may not mean that there is less lax conduct but only that there are fewer results of lax conduct. It is perfectly open for the orthodox moralist to claim that the greater knowledge of

preventive methods has permitted an increase of laxity with a reduction of the ordinary effects. Thus must remain a matter of conjecture. When we find, however, that not only has illegitimacy decreased, but also deaths from abortion and from the diseases ordinarily associated with irregularity, there seems no justification whatever for the contention that chastity has been relaxed. It must not be forgotten in this connection that the encouragement to early marriage afforded by the possibility of avoiding the economic burden of a too early or too large family affords the most likely of all methods for removing the temptations to unchastity and for conquering the hitherto untractable "social evil." Although the average age of marriage in this country has been rising somewhat lately (probably on account of the increasing cost of living), it is interesting to note that it is lower and fairly steadily decreasing in France. For first marriages the average age at marriage of French men has fallen from 28.6 in 1856 to 27.88 in 1896-1900, and of French women from 24.25 to 23.5 in the same period.* This cannot be regarded as otherwise than a very good sign.

Disease.—We have just referred, in connection with the question of illegitimacy, to the diseases associated with unchastity. This is not only an unpleasant subject to deal with but a most unsatisfactory one, as the evidence concerning it is of a most conflicting character. It appears necessary here to give a warning concerning some of the so-called evidence as to the prevalence of such diseases. The bulk of the statistics on this point are gathered from the Army, where inspections are made from time to time, and where, by altering the frequency of the inspections, the number of cases may be apparently increased or diminished at will. Those who have studied the question of the Contagious Diseases Acts well know that there has been a most determined and persistent attempt on the part of some

* Dr. J. Bertillon, *Dépopulation de la France.*

Army authorities to revive these Acts. To show justification for this effort they have constantly attempted to represent these diseases as increasing, and it has been stated that this has been done by increasing the frequency of inspection.

We cannot therefore rely upon evidence based on the number of *cases* of disease, but only on the number of *deaths*. Of course this is open to the objection in the other direction, that improved medical knowledge may have reduced death while the cause has remained unchecked. It may be questioned, however, whether during the last twenty years any striking improvement in the treatment occurred, except, perhaps, the introduction of Salvarsan in 1911.* But according to the Registrar-General's Report for 1910 the death-rate for the principal venereal disease steadily fell from 71 per million in 1890 to 46 per million in 1910. If this is an indication of the frequency of the disease, it is a complete refutation of the charge of increased laxity ; and it is a very decided rebuke to the assertions of Mr. Beale. At any rate the onus of proof most certainly lies with those who assert the increase of unchastity.

Another thing of great importance in this connection is the frequency of abortion or miscarriage. It will be remembered that traducers of family limitation, such as Dr. J. W. Taylor, have sought to associate prevention with abortion and to imply that an increase of the one means an increase of the other. On the other hand, both economic considerations and medical evidence, such as that of the Hungarian Medical Senate, indicate that prevention and abortion are really alternatives ; that women *will* seek to avoid the burden of excessive families, and that an extension of preventive methods should therefore lead to a reduction of abortion. But we have no figures as to the actual extent of

* In Germany an immense reduction of these diseases has been effected by instruction in prophylactic methods, but such methods are practically unknown in this country.

abortion, and our own authorities have only just begun to enumerate the still births, which would have given some clue. The Registrar-General, however, does give us the number of *deaths* from abortion and miscarriage. They have fallen from 9 per million in 1892 to only 2 per million in 1910. It seems hardly likely that medical treatment improved to such an extent in the interval, so the natural presumption again is that the frequency of abortion has diminished.

It would be a difficult and wearisome task to pursue this investigation throughout other countries, although it ought to be done by some competent authority. But enough has been said here to show that the immense preponderance of evidence is against the detractors of family limitation, and that we have a right to expect more definite evidence from them before we need to investigate more deeply.

Since this was written the author has come across a pamphlet entitled *Preventive Hygiene*, published by John Bale & Sons, in which it is clearly shown, by diagrams prepared from figures supplied by the Registrar-General and Army Medical reports, that the prevalence of venereal diseases in both the civil and military population has been rapidly decreasing from 1884 to 1910.

CHAPTER VII

GENERAL CONCLUSIONS

OUR enquiry has now been carried out sufficiently, and it may be well to summarise briefly the conclusions we have arrived at. They are as follows :—

I. Both opinion and statistics go to show that limitation of families is practically universal among educated married persons at the present day, and that this is due to " artificial restriction " rather than to " moral restraint."

II. On collecting the evidence as to the hygiene and morality of such " artificial restriction " we find :—

(*a*) As to opinion. Both medical and clerical opinion in this and other countries was most strongly condemnatory of such restrictions a few years ago, although there were isolated opinions to the contrary. Since that time, although the prevalence of artificial restriction has meanwhile enormously increased, the adverse opinions have diminished in number and intensity. Many eminent medical authorities have testified to the harmlessness of such restriction, and the Official Judgment of the Hungarian National Senate for Social Hygiene, as well as the addresses of the Presidents of the British and American Medical Associations, have shown a decided justification for it. Clerical opinion, though still hostile as a whole, is markedly less so than formerly. In fact we find a Council of Public Morals, comprising an Archbishop, ten Bishops, 26 Reverend Deans, Canons and other clerical gentlemen, and one Cardinal, publishing books in which the falling birth-rate is defended by men who have publicly endorsed neo-Malthusian methods.

(*b*) As to conduct. The enquiry made for the National Life Assurance Society in 1874, just before the Knowlton

Trial which led to the decline of the birth-rate, showed that both medical men and clergy had families which were as large as the average of the whole community. The small families of the medical profession to-day, as well as of many of the clergy, show that family restriction has been widely adopted by them. There is no question as regards medical men that this has been carried out by artificial means. As regards the clergy it is probable that a "moral restraint" has been adopted by a few; but there can be no doubt that a large number have also adopted artificial restriction.

(*c*) As to the Health and Morality of the Community. The Vital Statistics of various countries show most conclusively that the national health has rapidly improved as the birth-rate has declined, and that in all probability the death-rate would not have declined without a diminution of the birth-rate. Wherever the birth-rate has remained stationary or has risen, all the advances of medicine and hygiene have failed to diminish the death-rate or to keep it from rising. The most satisfactory improvement in the general death-rate, the infantile mortality and the stature of the people of any country in the world has been shown in Holland, where alone "artificial restriction" has been countenanced by the State, and taught to the poorer classes with medical co-operation and supervision.

With regard to specific diseases, there has been a satisfactory diminution in all important ones, except in cancer, which has increased. An analysis of the organs affected, however, fails to show any connection between this increase and the adoption of artificial restriction; while in women, who have been threatened with such terrible consequences, cancer of the generative system actually appears to be on the decrease.

Finally, the morality of the Community, so far as can be judged from crime, alcoholism, pauperism, illegitimacy and venereal disease, appears to be most decidedly improving.

Even in France, where we hear so much of moral decadence, the evidence by no means justifies this view, and the statements of the strongest opponents of restriction show that such evils exist most among those who do not limit their families, and very little among those who do.

In view of all these investigations, it is impossible to avoid the conclusion that the case against artificial restriction is certainly not made out. In fact the great bulk of the evidence is most remarkably in favour of the hygiene of the practice, and of there being no moral objection to it. Such a conclusion will doubtless be indignantly repelled by moralists of the old school. It is possible, of course, that there may be better evidence on their side than they have yet brought forward. Meanwhile, having carefully read every hostile criticism of any importance, and having sought to do the fullest justice to it, we feel strongly that until this new and satisfactory evidence is forthcoming, every rational person must conclude, not only that "the artificial sterilisation of matrimony is the most revolutionary discovery of the nineteenth century," as Mr. Bernard Shaw has said, but also that it is the most beneficial of modern discoveries for the well-being of the community.

CHAPTER VIII

FAMILY LIMITATION AND SOCIAL REFORM

THE preceding chapter has terminated our enquiry as to the permissibility or otherwise of family restriction. But those who have any interest in social questions will hardly fail to see that this one has the most intimate relation to almost every other question of economic or racial improvement. We may, therefore, fitly conclude our book by briefly indicating a few of the more important consequences of admitting the justification of artificial restriction.

Few people have not heard at one time or another of the doctrine of Malthus—that unchecked human fertility causes population rapidly to catch up with food supply and then continually to press against it, thus leading to poverty, famine, disease, and war. Economists of the highest standing, such as John Stuart Mill, have accepted this doctrine as unanswerable. It is only of recent years—since the decline of the birth-rate has set in, since the improved means of transport have brought food from abroad, and since the Socialists have claimed that under their regime plenty could be produced for all—that it has suffered a temporary eclipse. Yet during this period the accumulating vital statistics of various countries have been proclaiming the truth of Malthus' law, and that improvement in social conditions, as evidenced by the death-rate, has only been rendered possible by the reduction of the birth-rate. Within the last few years, too, the rapidly increasing cost of living has made many people recognise that the temporary respite granted by a larger area of food supply has been checked by the great increase of population in the United States and elsewhere, and that the law of Malthus has again to be admitted and

reckoned with. The very strong pronouncement of a churchman like the Dean of St. Paul's shows that the question presents itself as a most serious one to some, at least, of our leaders of thought. It is not proposed to go into the evidence here which shows most conclusively that over-population (*i.e.*, the pressure of too high a birth-rate against the necessities of life) does exist, and is the chief factor in the social evils of to-day. But it is sufficient for anyone to look at the progress of the birth and death-rates in Fig. 1 to see that by reducing the birth-rate to 20 per 1,000 we may reduce our death-rate to 10 per 1,000—the value found in New Zealand and Australia, where poverty and misery as we know them hardly exist.

Again, apart from questions of quantity, everyone knows that a most serious question to-day is the high birth-rate among the least desirable classes of the community—the indigent, the unemployable, the reckless, the drunken, and the mentally and physically deficient. On this account many Eugenists, especially in Germany, have been calling out for the educated and successful classes to redress the balance by having larger families, and thus to kill out the unfit by the struggle for existence. To this, however, there are two objections. One is that the educated classes have not responded, and will not respond to the call. They know too well the advantages they and their children gain by limitation. Indeed, the very people to call out for the larger families, whether in Germany, France, Hungary or England, are, as the Hungarian Medical Senate pointed out, the chief offenders against their own doctrine. The other objection is that, in these days of humanitarianism, society has an objection to the killing out process. The victims, strangely enough, have a habit of protesting. Anyhow, society does everything possible to maintain them (usually at a minimum of vitality) and to allow them to propagate to the fullest extent. Is it wonderful then that we have overcrowding,

disease, and physical and mental deterioration? Mephistopheles himself could not have devised a better system for ruining the race than the one we have at present—the full licence to the unfit to breed at the expense of the fit, who limit their families more and more in order to maintain workhouses, hospitals and asylums for these poor creatures. There are only two alternatives for race improvement—either the fit must increase their own multiplication, and refuse all help to the unfit (with the spectre of the French Revolution to cheer them), or they must see to it that the unfit do not reproduce. The combined wisdom of the age can find no escape from this dilemma—unlimited reproduction and brutality, or humanitarianism with restricted reproduction of the unfit. The recent Mental Deficiency Bill is a first recognition of the latter principle. But why deal only with the extreme cases of mental deficiency? There are millions of poor physically and mentally unfit creatures who, if voluntary restriction were known to them, or they were not told it was unhealthy or immoral, would only be too glad to escape burdening themselves and the community with a numerous and weakly progeny. What is the use of deploring the increase of the unfit when the poor mothers among the working classes are only too anxious to avoid the misery of bearing child upon child in wretched surroundings, on miserably insufficient wages, and of seeing half of their children perish from semi-starvation before their eyes?

What is the use, too, of simply segregating the mentally deficient when we have a huge factory of mental deficiency in our midst in the terrible amount of venereal disease caused by prostitution? If all young people were able to marry at a suitable age, instead of waiting to provide for a family, this great source of defect would be stopped, and it would do far more to check mental defect than any other measure which could be devised. In fact, we should probably never have

needed the recent Mental Deficiency measure if our educated classes had done their duty in extending the knowledge of hygienic means of family limitation to the poor when they adopted them themselves.

Let us now look at the matter from the point of view of present day politics. We have before us the question of housing and overcrowding, of a minimum wage, of the land, etc., and both political parties are endeavouring to show how they will solve them. We need not take up a position of hostility to either party, but simply point out a few simple facts.

First as to the housing question. We are not concerned either to assert or to deny that much better accommodation should be available, or that rents should be lower. Even when we find that about four millions of working men at the present time have a wage of 25s. a week or less, we feel that, even as things are, a man and his wife and one or two children can have two rooms and live in some approach to decency. With a greater number of children the position is hopeless. More accommodation is needed with more children, though the margin for rent gets less. Hence we have the spectacle of whole families herding together, like beasts, in a single room. However much we may urge the necessity for better and cheaper accommodation, we cannot get over the fact that while this is being settled—and it will only be settled slowly—the most acute phases of the housing problem would be solved in a year or two by the adoption of family limitation by the poor.

Next take the question of the minimum wage. Opinions may vary as to the justification or possibility of it. But there is one simple question which is never raised in the controversy, namely: What do you mean by a minimum wage? Is it a family wage? If so it must mean a minimum of subsistence for each member of the family. If no restriction is to be practised, and the size of family left to chance, it must

include a certain sum for each child. Is Mr. Lloyd George or any other advocate of the minimum wage prepared to enact a scale of wages based on the size of families? Mr. Rowntree has clearly shown that in a provincial town a family of three can only with the utmost economy be maintained on 23s. 8d. per week, without the slightest margin for amusements, luxuries, or contingencies. In London the wage would have to be higher. Whenever politicians talk of a minimum wage of £1 or 25s. a week, they really imply that the family must not include more than one or two children, and it is dishonest not to say so. In the same way, when they talk of cottages with certain accommodation, it will always be found that they provide only sufficient for two or three children. Yet they never say that the workers are to restrict their offspring to this number, although they well know that families of ten or twelve children are quite common among the poor, and indeed make political capital of this very fact. So long as marriage implies unlimited parenthood, the principle of the minimum wage or of adequate housing implies provision in proportion to the number of children. Are the middle classes, who regulate their own families to their means and who provide the bulk of the taxation, prepared to assent to this proposition?

Nothing has here been said about celibacy as opposed to marriage. Even were celibacy desirable, it would be no solution of the above difficulty, so long as married people had very large families. Of course one may preach very late marriages, as advocated by Malthus. But this means the delaying of marriage in the case of women of the poorest classes till the age of 35 or over. Even them families of six or more children would still be common. But no one can contend that such an age would be an ideal one for commencing marriage or child-bearing. Nor would hardly any medical man or clergyman to-day advocate either celibacy or long delayed marriage, certainly not for the working

classes. On the contrary, early marriage, apart from its more ideal character, is the one and only possibility of reducing or eliminating the evil of prostitution, which evil has defied all other efforts to check it. The only reasonable possibility of securing general early marriage is by removing the burden of unlimited families, and if limitation in itself were regarded as necessary and moral, and led to this result,* it should do more for the promotion of a really moral state of society than any reform hitherto proposed.

Nowadays, one hardly ever finds a person who in private conversation does not fully admit the position. Any father or mother of a family will tell you more or less freely that they cannot properly feed, clothe and educate their children as useful citizens and do justice to their own individualities with more than three or four children at the outside. They see in a moment that if their workmen or charwoman only had small families they would be much better off. They will often tell you how foolish these people are to have so many children. But they never seem to realise that the poor are largely ignorant on such matters, or that they have been frightened off from limiting their families by statements of the kind we have been investigating. Nor do they seem to feel it their duty in the name of humanity and of patriotism to see that the necessary knowledge is extended to the poor. This is probably partly because of conventionality, and partly because there is some belief that the country will suffer from want of workers or of defenders if family limitation became general. A little study of the question would show anyone that this is a complete delusion. Will the country suffer by having a smaller number of the poorest and most ineffective workers or unemployables ? Family limitation has now been adopted by nearly all the intelligent and efficient people in the country ; and if that be an evil, it has done its worst work. All the

* The age of marriage is diminishing in Holland, and so is the illegitimate birth-rate, proportion of still births, etc.

more necessary is it to extend the knowledge now as rapidly as possible to those who are inefficient. As the Bishop of Ripon himself admitted at the Church Congress of 1910, "If the diminution of the birth-rate could be shown to prevail among the unfit, we might view the phenomenon without apprehension, and we might even welcome the fact as evidence of the existence of noble and self-denying ideals."

It cannot be too strongly impressed upon everyone that family limitation within reasonable limits does not mean the slightest slackening of population. Not even in France, which is held up as such a terrible example, has it done so or is it even likely to do so. Increase of population is due to *survivals*, not to *births*, and the rate of survival may be greatly *increased* by diminishing the birth-rate in the right place. When the State of Ontario in Canada had a birth-rate of 19 per 1,000, the figure which France has now attained, it had a death-rate of only 10 per 1,000, and its rate of natural increase was therefore 9 per 1,000, or as high as many European countries to-day. Those who, like Dr. Bertillon, imagine that the slow increase of France is due to its low birth-rate, must simply be asked to explain why its death-rate is 18 instead of only 10 per 1,000. We are all familiar with the motto, "the more haste the worse speed." The more haste we make to increase population by a too high birth-rate the worse confusion we get into, the more complex are our social evils, and the less rapidly does our population increase. The golden rule for population, as for everything else, is—*Festina lente*.

While we have the example of Holland (the only country in which family limitation has been fairly tried on its merits, and been extended to the proper quarters by the co-operation of statesmen and medical men—with such splendid results in *increasing* the population, while reducing the general and infantile mortality and improving the physique)

we must ask ourselves whether we should not do better to concentrate upon educating our poorest people to limit their families in the best possible manner. It is greatly to be hoped that in view of the declarations of the Presidents of the British and the American Medical Associations our medical men will now come forward to the task.

An inspection of Fig. 1, representing the course of the birth and death-rates in our own country, reveals the fact that within the thirty-five years during which the birth-rate has fallen, the death-rate has fallen from 22 to 13.3 per 1,000. It also shows that at the present rate of progress the death-rate will fall to 10 per 1,000 (the figure for New Zealand and Australia) by the year 1921, if the birth-rate falls to 20 per 1,000 as it appears likely to do. When that time is reached it will mean that *there is practically no premature death from actual want of the necessities of life*, or in other words, that poverty in its worst sense is abolished. It is quite certain that this result will be attained by 1921, even if no greater efforts are made than at present. It is equally certain that if the educated classes of the community realised their duty in this matter, and would help in bringing about restriction of families in the places where it is most required, the death-rate could be brought down to 10 per 1,000 *within five years*. Yet during these five years *there would probably be a greater increase of population than at present*, since we should be checking the supply of ineffectives rather than that of effectives.

It sounds strange talk of doing away with indigence in such a short period of time, but those who make an unprejudiced study of vital statistics will quickly realise that the above statement is perfectly warranted. It is for the medical profession and the educated classes to decide whether artificial restriction is or is not healthy and moral, and, if they decide in the affirmative, to use their utmost endeavours to direct it wisely for the benefit of the race. Without their

aid it has done wonders; with it, it will perform miracles. We may close by repeating the words of that ardent pioneer of Eugenics, Dr. Saleeby: "Only by the aid of neo-Malthusianism can we attain the ideal which I have defined in my outline study of Eugenics, that every child who comes into the world shall be desired and loved in anticipation."

CHAPTER IX

THE SINGLE CHILD SYSTEM

Judgment of the Hungarian National Medical Senate delivered 27th October 1911, by Professor Dr. William Taufer, in reply to the Minister of the Interior concerning a Memorandum presented by the National Agrarian League and referred to the Senate for its opinion.

[As this remarkable judgment does not appear to be known in this country, and is in such striking contrast to earlier medical pronouncements, I venture to include a literal translation from a German copy of the Judgment made for me by the late Dr. Gustav Dirner, Professor of Gynaecology at Budapest.]

THE Agrarian League deals in its Memorandum with the Single Child System, and asks from the Ministry certain enactments which, in its opinion, will mitigate or arrest this serious social evil. It demands legislation, but only to a very small extent of a social hygienic character; and we observe that even it does not contend that the Single Child or Small Family System is injurious from the hygienic point of view. For the truth is, of course, that too many children —that is, more than the parents can feed properly—are not to be desired from the hygienic standpoint.

The Memorandum enumerates the measures which the League considers necessary. Only the following paragraphs, however, are really concerned with the question of social hygiene.

1. Especially conducive to the Single Child System are *inter alia* the absurdly permitted marriage of 18 year old youths with 15-16 year old girls. What a danger for the race is implied in these early marriages ! They simply ought not to be allowed by the laws. Such early sexual life results in " female diseases," premature old age, sterility—or, at least, in defective offspring.

These contentions of the Agrarian League, regarded from the hygienic point of view, are entirely unwarranted. Early marriage can bring with it many social evils—perhaps also ethical and economical disadvantages, which we will not consider—but never "female diseases," premature old age, sterility or defective offspring. It cannot be supposed that the marriage of youthful persons (assuming they are physically fit, as should be medically ascertained) gives rise to hygienic evils. If the Agrarian League calls for legislation against early marriages, it cannot do so on medical grounds.

2. The League states that the Ministerial decree Z. 50981 of 1901, which aims at the reduction of the circulation of preventive devices, has practically not been applied.

This is quite true; and the Senate can only repeat what it recently decided when considering the proposition of the Komitate Somagy Borsod und Heves. No new Ministerial action is here necessary, but only the strict application of the above-mentioned decree.

As the Single Child System is referred to as a "social disease," the Senate cannot abstain from calling your Excellency's attention to the circumstance—which weighs much more heavily in the balance than the dangers urged by the Agrarian League—that, in order to avoid the blessing of children, the practice of abortion prevails to a horrible extent not only in the capital and the great towns, but also in the country. This social disease devours the life force of the people, for it is a source of much injury and life-long invalidism. We must also point out that under any stringent restriction of the circulation of ordinary means of prevention this great evil would grow even greater. Its diminution—there can be no question of its extirpation—must be the highest aim of any civilised community. The splendid hygienic conditions in Germany have had astonishing results. The supervision of midwives—in combination, of course, with the improvement of economic conditions—

has led to an increase of population so amazing as to cause France the greatest apprehension. In Hungary, where social hygiene has always been the step-child of State administration, there is at present no possibility of great, costly, health-giving reforms such as the fundamental establishment and maintenance of hygiene administration on every side; nevertheless, we must in this connection be alive to the deep-rooted and far-reaching evil above mentioned.

The second great danger which our population has in its germ, so to speak, is the very serious infantile mortality. To a great extent this is also due to unorganised administration in hygienic matters; but also to the poverty of the people, and to the want of education. We are convinced that the growth of population will best be promoted by intelligent organisation of the administration and far-reaching regulation of midwives, and by State attention to the care and feeding of infants. The rational procedure would be: improvement of the standard of comfort and education, the building up of a hygienic administration, and State supervision of midwives and of infant feeding.

Social science has shown that a people reproduce more rapidly the poorer and less educated they are; and, on the other hand, that with the extension of civilisation, and the increase of education and improvement of economic conditions, the number of births falls off. This holds good not only for Europe, but for the whole world. Almost every legislative body has occupied itself with this question. The French Chamber has just issued a report which draws attention to the fact that the increase of population in 1909 was only 13,000, and that in 1907 there was actually a diminution of 20,000 souls.

The three items of proposed legislation are :—

1. Men who have not married up to their 29th year are again to be called to military service.

2. Whoever has not married before his 25th year cannot receive any appointment under State or municipality.

3. Whoever has at least three living children shall have higher salary and higher pension.

But all these propositions must be rejected—not, however, on the grounds of hygiene, but on the grounds of political economy. The greater number of children desired by the Agrarians may serve the military and capitalistic interests, but never the interests of hygiene. From the hygienic standpoint *the increase of population is a food question*, the answer to which is that the unrestricted physiological reproductive power of humanity increases rapidly, while the food-producing power increases very slowly in the most favourable cases, and is in any case limited. So an unlimited number of children can even threaten the existence of a family from the hygienic point of view. Inevitably then, human beings will guard against a number of children disproportionate to their social conditions. Equally readily can we understand that educated and thinking parents will wish to ensure their children the same amount of well-being which they possess. The result of this rational line of thought is apparent even among the best educated and most capable classes of the community—including our ground landlords, who have sent up their cry for help through the Agrarian League. It would seem that in this cry a strong class interest finds expression, and that the League asks for State help against an evil of which the landlords are quite as guilty as the lower classes whom they accuse.

Neo-Malthusianism (the international title of the Single Child System) is a natural consequence of civilised environment, and can only be uprooted by the destruction of civilisation. Forel says on this point that " hypocrisy lies in the fact that each class brands the limitation of births as immoral, and itself practises this immorality. It is well-known that the members of the propertied classes bring only

a few children into the world, in order that the standard of life of the children should not fall below that of the parents. The whole neo-Malthusian practice owes its origin to the propertied classes. The very moment, however, that the working classes commence the adoption of this practice, the ruling classes proclaim all such conduct as immoral, which they, by their own conduct, have recognised as moral."

The State possesses neither the power nor the means to prevent or diminish family limitation; for when the working classes have realised that excessive reproduction puts a burden on their progeny, and have learnt the means of restriction, there is no law or power which can bring them back to renewed over-reproduction. Moreover, Social Hygiene can only benefit the working classes after improvement in their material existence—so even it will be thereby furthered, and not set back. The contentions of those who consider and decide upon this question on the grounds of religion, moral philosophy, patriotic militarism or capitalism, and who discuss by what means the inevitable might be postponed, cannot form a subject for the deliberation of the National Senate for Public Health.

THE END

HB 851 D811s 1914

01610155R

NLM 05010849 9

NATIONAL LIBRARY OF MEDICINE